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A study of the impact of post-registration undergraduate and postgraduate education on the lives and practice of nurses.

A study of the impact of post-registration undergraduate and postgraduate education on the lives and practice of nurses

by

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ABSTRACT

In the United Kingdom nursing is not an all-graduate profession and those nurses who are graduates have acquired their qualifications in a variety of ways. Some have entered nursing with graduate qualifications in other subjects, some have undertaken a pre-registration degree in nursing or a post-registration degree in nursing and others have studied related or unrelated degrees after registration.

This study is concerned with researching the impact of post-registration undergraduate and postgraduate education on the lives and practice of nurses. The data collection methods comprise 19 semi-structured interviews and two focus groups. The methodological approach used in the study is derived from Gadamerian hermeneutics, which has its roots in phenomenology. Using this approach a number of stories were discernible from the analysis of the data. The most prominent of these was centred on a model whereby the academic growth attained by the participants impacted on their personal growth, professional competence and the development of nursing knowledge. This was in turn directly related to the care of patients.

There is no universally agreed estimate of the number of graduate nurses required in the United Kingdom. The findings from this research indicate that nurses would benefit from an academic education and for some this would be at doctoral level. This would enable nurses to achieve the goal of evidence based practice and equip them with the skills and knowledge to make a significant contribution to the development of nursing knowledge, health care policy, strategic planning and delivery of care.

This study demonstrates that, a commitment to undergraduate nursing education is an important aspect of both academic development and professional competence. It is suggested that the graduates from these programmes could also have a pivotal role to play in working with others to provide effective clinically based team nursing. Those progressing to masters, doctoral and post-doctoral studies could enable nursing knowledge to advance and this could impact on strategic planning and the delivery of care. There is also a clear indication that nursing education and nursing practice should continue to have close links with each using the other as a resource and that whilst nursing education should be university based it should be embedded in practice. This study aims to contribute to the discussion in the wider research community on the issue of graduate nurses.

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DECLARATION

I declare that the work in this dissertation was carried out in accordance with the Regulations of the University of Bristol. The work is original except where indicated by special reference in the text and no part of the dissertation has been submitted for any other degree.

Any views expressed in the dissertation are those of the author and in no way represent those of the University of Bristol.

The dissertation has not been presented to any other University for examination either in the United Kingdom or overseas.

Signed: Barbara Green Date: 24/4/07.

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CHAPTER ONE

INTRODUCTION

The broad topic area of this dissertation is undergraduate and postgraduate education for registered nurses. More specifically it is concerned with examining the experience of a small number of nurses who have followed different pathways and programmes leading to post registration graduation. The methodological approach used in this study has its origins in phenomenology and is influenced by Gadamerian hermeneutics. It was decided that this approach would be best suited to providing insights on the impact of nurses' educational experience and the acquisition of undergraduate/postgraduate qualifications on their lives and practice. It is hoped that the outcomes of this research will be drawn on by nurse educators and policy makers and commissioners of nursing education to inform, support and shape future undergraduate and postgraduate programmes for nurses.

1.1 RATIONALE FOR THE STUDY

Nursing is not an all-graduate profession and nurses who are graduates hold degrees in subjects other than in nursing. Programmes offering graduate education combined with pre-registration nursing were first introduced in the UK in the 1960s. Whilst there was an expectation that the nursing profession would benefit from educating a relatively small proportion of nurses to graduate level (DHSS 1972) graduate qualifications held by nurses are not recorded and therefore, the proportion of nurses with degrees is unknown.

From the inception of graduate nursing education there has been a great deal of suspicion of it. There is a belief that graduates will not practice after qualification and if they do it will be for a short duration. Other concerns are that newly qualified graduate nurses will not be interested in clinical nursing and will seek early promotion into nursing management (Sinclair 1987). Some of this is from nurses themselves, some from academics and medical doctors. Doctors saw the early graduates as a threat to their status; some academics saw them as being vocationally orientated and academically inferior. Nurses in practice saw them as alien to the practice-based tradition, too theoretical and not sufficiently practical (McFarlane 1987). Despite the growing number of nurses seeking to extend their academic education, the controversy around the whole ethos of nurse graduates persists. Health service managers and policy makers also express doubts about the need for and value of nurse graduates. Much of this is illogical, for example, the moratorium on schools of nursing in Wales accepting more than 15% of their intake on the graduate stream (now raised to 25%). This is particularly interesting in that there is an expectation that nurses will

demonstrate that their care is evidence based and that they are demonstrably competent in their care of patients.

Narayanasamy (1997:1014), arguing in support of nursing being an all-graduate profession, says that it is now timely to reject the *"lay logic concerning reservations about graduate nursing"*. She suggests that "*technological advancement, research-based education, clinical effectiveness and evidence-based practice"* provide the impetus for this. The nurses' professional body the Royal College of Nursing (RCN 1997) is pushing strongly for an all-graduate profession albeit in consultation with all stakeholders. Baroness McFarlane of Llandaf was arguing back in 1987 that the skills which the health service will require from nurses in the year 2000 are those which only graduate nurses can bring (McFarlane 1987). Whilst not disputing the need for nurses to be lateral creative thinkers, who are competent and confident practitioners who can advance the profession, it is argued that there is little evidence that it is graduates only who can do this (Downe 1989). And so the debate goes on.

This study was designed to add to the debate that is, by bringing it up to date. At the very least it is expected to develop a clearer understanding of the impact of graduate and postgraduate education on the lives and practice of nurses and in doing so will break new ground. It is also hoped that this study will inspire others to draw on Gadamerian principles and thus contribute to a better understanding of this approach to nursing research.

1.2 THE RESEARCH QUESTIONS

Whilst there is a plethora of research on pre-registration undergraduate nursing education there is a paucity of research on post-registration undergraduate and postgraduate education for nurses in the United Kingdom. Cognisant of this, the focus of this research was on post-registration undergraduate and postgraduate education. The research questions centred on ascertaining from nurses who had or who were undertaking undergraduate or postgraduate studies the effect of this on their lives and practice.

Given the debate about this level of education for nurses outlined earlier, they were grounded in the context of the current state of knowledge on this topic and the potential for any policy and practice implications occasioned by the findings from the research.

In qualitative research, the research questions, which are designed to enable the researcher to learn about the phenomena being studied, are often reformed or modified as the research makes progress (Holloway 1997).

The initial research questions were defined as follows:

- What is the lived experience of nurses who have studied at undergraduate or postgraduate level?
- What value do they place on their undergraduate/postgraduate studies?
- What effect does this have on their lives and practice?

Mason (1996:17) suggests that researchers should ensure that their research questions should capture the essence of the inquiry, should be inter-related, coherent, allow for interesting intellectual answers, facilitate further exploration if necessary, be sufficient in number and worth asking. The writer was satisfied that the initial research questions had the potential to meet these criteria and was consistent with the goal of interpreting the phenomena being studied from the nurse participants' perceptions.

The research questions were modified as follows during the conduct of the research after reflection on the responses from the participants and during the ongoing process or data analysis:

- What experiences and conclusions about them are reported by nurses who have studied at undergraduate and/or postgraduate level?
- What are the values that these nurses place on their undergraduate/postgraduate studies?
- What are the effects on their lives and practice of undertaking this educational experience?

In accordance with Mason (1996) these research questions were designed in accord with the chosen theoretical perspective. To engage with the sum and substance of the research, to set the findings in the context of previous knowledge about the phenomena and to allow for discussion of possible policy and practice implications, a number of aims were formulated.

1.3 AIMS OF THE STUDY

The aims of the study were not only designed to put the research questions into context but also to act as a focus for the management of the research. They were articulated as follows:

- To review critically the literature relating to undergraduate and postgraduate education and its impact on nurses and their practice in the context of the contemporary debate in the United Kingdom on graduate nurses.
- To investigate nurses' perceptions of their undergraduate and postgraduate education in order to elucidate from them their experience and understanding of these concepts and to attain insights into the nature of the value of such education for their lives and practice.

- To develop personal knowledge of Gadamerian hermeneutic inquiry and to acquire research experience through conducting qualitative research influenced by this approach.
- To consider the findings of the study in relation to policy and practice.

Tools were designed in the form of interview and focus group guides to link the research questions and aims to the data collection (Appendices 1,2 and 3).

1.4 THEORETICAL AND METHODOLOGICAL ORIENTATION

In this research, the theoretical orientation was derived from the literature on the phenomena being studied and on the chosen methodological approach. Qualitative research is influenced by and utilises theories in different ways to frame or underpin the research. Parahoo (1997:116) suggests using frameworks from quantitative research to identify research questions for qualitative enquiry, developing concepts and theories from the data which others can subsequently use as frameworks, and ascertaining whether or not the data match existing theories. An awareness of existing frameworks can be gleaned from the literature, but as Holloway and Wheeler (1996) point out, there is divergent thinking regarding the advisability of doing this. There are fears of invalidating the research and concerns about unnecessary replication. Creswell asserts that in phenomenology frameworks do not guide researchers in the analysis of their data. However, this author intimates that in phenomenology in the absence of theory when the data are analysed inductively, theory development can occur alongside the utilisation of the findings.

Notwithstanding the divergent thinking about conceptual frameworks and the desirability of an initial literature review, in this research the literature was reviewed. This revealed that graduate education was proliferating and that this was necessary for delivering optimum care. It was also envisaged that it would facilitate professional progression and parity of esteem with other health care professionals, providers and users. These findings fed into the research by influencing the design of the research tools, in the context of the discussion on the existing research findings in the chapter on data analysis, and in the concluding discussion.

The primary purpose of this research was to gain insights into nurses' personal accounts of their academic experience. It was about interpreting and understanding this and it was not the intention to test or develop a theory regarding graduate education for nurses. The choice of an appropriate theoretical and methodological orientation was congruent with this. It was judged that the theoretical approach concerned with interpretation known as hermeneutics would be the most appropriate. Hermeneutics has its origins in phenomenology. Within this paradigm the work of Hans-Georg Gadamer (1975) has been a principal influence.

Gadamerian hermeneutics and its philosophical origins in phenomenology, as well as providing a methodological paradigm, also constitutes a theoretical framework for this research. From an ontological perspective the researcher has identified with the world of Gadamerian hermeneutics. From an epistemological perspective, interpreting the lived experience of the participants in this research, and arriving at an understanding of this, constitutes the generation of knowledge.

1.5 STRUCTURE OF THE DISSERTATION

Chapter One comprises a brief introduction to the research, the rationale for undertaking the work, articulation of the research questions and aims of the research, discussion of the theoretical and methodological orientation and an outline of the structure of the dissertation.

Chapter Two comprises a review of the literature which examined the research on pre-registration and post-registration undergraduate and postgraduate education for nurses in the United Kingdom, North America and other parts of the world.

Chapter Three is concerned with the research design and the underpinning methodology and methods of data collection. It sets the research in the qualitative domain and outlines the relationship between phenomenology and hermeneutics and discusses influential aspects of Gadamer's work. The research context is described and a profile of the participants is reported together with discussion of the researcher's role, ethical considerations and methods of data collection and analysis including the strengths and limitations of the study.

Chapter Four presents and discusses the findings from the analysis of the data from the interviews, focus groups and the researcher's reflective notes. It portrays the predominant story that emerged from the data formulated as a model.

In Chapter Five the research questions and the aims and objectives of the study are examined in the light of the outcomes from the research. The implications and challenges posed by these outcomes are articulated and the writer's reflective experience of using this methodological approach is discussed.

CHAPTER TWO

REVIEW OF THE LITERATURE

2.1 A RATIONALE AND FRAMEWORK FOR THE LITERATURE REVIEW

According to Parahoo (1997:89) a literature review fulfils a number of functions. These are, to provide a rationale for a study; to review relevant research on the chosen topic, thus putting the proposed study into the context of what is known; and to inform the conceptual or theoretical basis for the study. This literature review focuses on determining the current state of knowledge regarding graduate education for nursing. As well as giving insights on the research previously undertaken it also provides a justification for undertaking the study. Much of the literature reviewed is of a quantitative nature and this study is about nurses' 'lived experience', therefore, a qualitative approach has been adopted. As this requires an inductive approach with concepts arising from the data, the literature was used to inform the design of the research tools, that is the interview and focus group guides, and in the analysis through supporting or rejecting the data. It is in this way that the literature review provides a theoretical basis for the study. This approach is supported by Parahoo (1997:116, 93) who states that "*qualitative researchers do not normally use existing conceptual frameworks*" and that "*conceptual frameworks* (in qualitative research) *have functions different from those of quantitative research*". This author suggests that a qualitative researcher may not want to be influenced by previous knowledge although it is conceded that in reality they probably do read the literature. It could be argued that there is a lack of realism in thinking that it is possible to come to a project with a 'blank slate'. Murphy et al (1998:83) suggest that theories or concepts brought to a study could be reformulated or changed during the conduct of the research and should not be rigidly adhered to. After careful consideration the writer decided on balance there was more to be gained by undertaking a literature search and review than not doing so. It was recognised that care was needed in the construction of the research instruments and in the conduct of the interviews to enable the subjects to tell their stories.

A literature search was conducted using CINAHL, The British Nursing Index, the BIDS Social Science Citation Index, Web of Science Social Sciences and Science citation Index and Medline for articles that mention 'graduate nurses/nursing' and/or 'postgraduate nurses/nursing' combined with 'practice', 'education', 'policy' and 'strategy'. The bibliographies and references from the material subsequently retrieved were also searched for relevant material. Grey literature such as reports official reports and research reports and other documents were also drawn on. Colleagues were helpful in drawing the writer's attention to related articles and current reports that they thought might be relevant.

The review examined research undertaken in the UK, North America and Australia and other parts of the world. A problem that was encountered in undertaking this review was that the term 'graduate' is ambiguous in that it is used differently by the different authors. The term has been used to denote undergraduate degrees, postgraduate degrees or both. Some studies, whilst purporting to examine postgraduate degrees, draw on literature from pre-and post-registration undergraduate degrees as well as those for post-registration degrees. It is highly likely that there will be differences that could be attributed, for example, to length of experience and opportunities in practice.

Another important difference was in the education and training and the practice of nursing in the three continents and elsewhere. As stated in Chapter One, in the UK nursing is not an all graduate profession. This is true also in the US, but their pre-registration undergraduate nursing and the progress to a graduate nursing profession started much earlier and the number of postgraduates is also greater. Despite these differences the literature reviewed served to give useful insights into the experiences of undertaking graduate studies on the lives and practice of nurses.

The literature search generated a wealth of pertinent material and from the subsequent analysis a number of categories and issues were identified. The most substantive of the categories are:

- the debate about the need for graduates in nursing;
- the follow up of, or issues appertaining to graduates from;
    - pre-registration
    - post-registration
    - postgraduate programmes

Within this material there are a number of areas of particular interest, such as:

- graduates and clinical practice
- specialist and advanced practice
- professional and personal development
- the research, teaching practice interface

Some of this literature has been referred to in the rationale for doing the research in chapter one.

This Chapter is divided into five sections. Section one relates to the rationale and framework for the literature review. Section two deals with the debate on the need for nursing to have a graduate-nursing workforce. Section three is concerned with pre-registration nursing Bachelors programmes. Section four is concerned with post-registration nursing Bachelor programmes, and section five with postgraduate nursing programmes.

The initial survey of the literature undertaken at the research design stage of the study served to provide a background for the study and to give an indication of the starting point for the research. It was apparent from immersion in the literature reviewed at this stage that, whilst something was known about individual programmes and about pre-registration undergraduates, little was known about the desire to gain graduate qualifications. It will be important to find out what this means to the persons concerned and why nurses go on to further their academic education, which many seem to do.

2.2 THE GRADUATE DEBATE

2.2.1 Introduction

The Health Service in the United Kingdom and elsewhere in the western world is concerned to provide optimum affordable health care for patients, their families and communities as a whole. The graduate debate in nursing from a professional perspective is ostensibly about whether or not nursing graduates are necessary for the achievement of this. From a political and policy perspective it is about whether this is realisable, acceptable and affordable. In reality the debate is also about the academic level of nursing at registration and about academic progression in nursing and the possible benefits and threats. This raises the question as to what the term 'graduate' means and represents. This section of the literature review explores and examines the arguments for and against a graduate-nursing workforce and the issues and concerns surrounding this. It does this in the context of the development of nursing education and the need to provide a nursing workforce that is trained and educated to make a full contribution to the provision of health care.

The protracted academic progress of nursing education in this country and the shift from apprenticeship-type training to a university-based education demonstrates that the academic status of nursing has been the subject of debate for a considerable time. This debate is not peculiar to the UK, although other countries such as the USA and Australia have reacted and responded differently. Mindful of this the review includes material from these countries and from other parts of the world.

2.2.2 The inception of nursing education

There is a widely held belief that nurse training started with the school founded by Florence Nightingale at St Thomas Hospital in 1860. In fact the first school of nursing to be established was at La Source in Lausanne a year earlier in 1859. Also other nurse training developments were occurring concurrently in other parts of Europe under the auspices of organisations such as the Red Cross and religious institutions both Catholic and Protestant (Logan 1987:5-6).

From the outset nurse training has been developed in tandem with technological developments and economic and social changes (Logan 1987:6). However, for whatever reason this has not been synonymous with academic education. The rationale behind the nursing educational reform known as Project 2000 (UKCC 1986) whereby nurses are prepared to respond to the changing health care needs of the population demonstrates that the commitment to development and change is ongoing. But whilst this has entailed a move into higher education the majority of qualifying nurses are diplomats rather than graduates.

Nursing and nurse education have attracted considerable support and sympathy from the public and policy makers following the notable contribution made by nursing during the various wars. Logan (1987:6) cites the Lancet Commission Report (1932) as being concerned about the inadequacy of the education for nurses. Other matters of concern were a shortage of nurses, high wastage rates, long working hours and inadequate clinical support and over rigid discipline. The apprenticeship system was seen as a causal factor in relation to these problems but the Commission saw fit to perpetuate this form of training. One can only surmise that this was largely due to an expectation of increased cost.

The apprenticeship system came under attack again in the USA in 1948 when Brown (cited by Logan 1987:6) recommended that schools of nursing should be based in universities and colleges. It is interesting that the education, shortage of nurses, high wastage rates and inadequate clinical support for nurses have not been overcome and remain current concerns in the UK today. The wholesale move of nursing into higher education in the UK, albeit some 50 years later than recommended in the USA, has to date done little to alleviate these concerns. This is possibly due to the fact that nursing courses in the UK are very different from conventional undergraduate courses in other subjects, and despite the supernumerary status of student nurses they are in reality still an integral part of the workforce.

2.2.3 The development of graduate nursing education

Support for registered nurses to advance their education has been evident for a very long time. Logan (1987:6) draws attention to the Winslow-Goldmark Report in the USA, which suggested when it was published in 1923, that nursing leaders should attend nursing education courses based in universities. However, in tandem with the arguments for advancing pre-registration undergraduate nursing education, the progress to advancing postgraduate nursing education has also been extremely slow and there remains a great deal of controversy regarding the need for highly educated nurses.

In the USA, the first pre-registration nursing degree was established at Minnesota University in 1909 (Logan 1987:7). The first Doctoral dissertation to be written by a nurse in the US was in 1928 and by 1952 there were 1449 graduates of Doctoral studies in nursing (Henderson and Nite 1997). In Australia since 1985, all registered nurses have been prepared at first degree level, however, postgraduate programmes are a more recent development (Pelletier et al (1994).

Pre-registration undergraduate education for nurses in the UK was first offered at Edinburgh University in 1960. This was followed by the development of a number of other courses in the 1960's and 70's in or associated with nursing in other universities and polytechnics. This was supported by two publications advocating graduate education for nurses. There were the Platt Report *A Reform for Nursing Education* (RCN 1964) and the *Briggs Report of the Committee on Nursing* (DHSS 1972) in 1972. However, as indicated previously, it was not until the 1980's with the education reform popularly known as Project 2000 (UKCC 1986) coupled with the move of nursing education into higher education that pre-registration undergraduate programmes were offered more extensively. However, prior to this nurses had been seeking for some time to extend their academic education to graduate level through studying after registration largely on a part time basis.

Nurses who are graduates have acquired their qualifications in a variety of ways. Some have entered nursing with existing graduate qualifications in other subjects, some have undertaken a pre-registration degree in nursing or post-registration degree in nursing and others have studied related or unrelated degrees after post-registration (Downe 1989). In addition to this MacGuire (1971) identified a concurrent degree (non-nursing) offered together with a nursing course.

The nursing workforce in the UK holding effective registration on 31st March 1999 was in excess of 600,000 (UKCC 1999). It was recommended in the Briggs Report (DHSS 1972) that between 2% and 5% of the nursing workforce should be graduates that would give a current expectation of 12,000 to 30,000. However, because there is at present no way of recording the number of nurses with graduate and postgraduate qualifications the number of graduates is not known.
MacGuire (1991) writing in an editorial states that Carter in 1956 was the first to raise the question of how many graduate nurses there were in the UK and was concerned that there was no official record of degree qualifications. Despite the 44 years since Carter raised awareness of this situation, it has remained unchanged and is likely to continue to do so for some time to come

In a survey of qualified nurses in relation to graduate studies, conducted in Wales in 1994, 5% of those responding had nursing degrees and 5.5% had degrees in other subject. A further 10% were studying for a degree and 13% were undertaking studies that would enable them to progress to an undergraduate programme (Lloyd and Hastings 1994).

In the view of the author, a major factor that has impeded the progress of nursing education despite the public and political support has been financial. Apart from a few financially independent schools of which the Nightingale School was one, as stated previously, nursing education was developed largely through an apprenticeship system. This system provided a cheap labour force. Notwithstanding the move of nursing into higher education in the UK starting in the 1960's and escalating in the late 1980's and early 1990's finance is probably a major factor in the slow academic progress of nursing education. It is difficult to prove this but in England the percentage of nursing, midwifery and health visiting staff (qualified staff excluding learners) dropped from 43.7% in 1995 to 43.3% in 1998 and the number of nursing, midwifery and health visiting learners dropped from 0.6% to 0.3%. (These percentages are percentages of all direct care staff) (DOH 1999). Coupled with this reduction in nursing staff, there has been an increase in the numbers of patients receiving treatment combined with a shorter stay in hospital, which has obviously increased the nursing workload. Smith and Seccombe (1998) report a reduction of nearly two percent of practitioners on the UKCC register from April 1997-March 1998. In their survey of nurse leavers they found that 93% indicated that better resources were needed to do the job. These authors suggest that student nurse intakes need to double to cover the leavers, and the retirements that are projected to increase in the forthcoming years. There is clearly a problem in providing a sufficiency of nursing numbers notwithstanding their calibre and capability.

2.2.4 The substance of the debate

Merely increasing the numbers of practising nurses will not resolve the problems faced by the health service. One of the most powerful statements relating to the issue of nurse graduates is that offered by Baroness McFarlane of Llandaff, who stated that:

> *The graduate is not an expensive frill to be added to nurse manpower requirements when all other demands have been met, but a fundamental manpower requisite if nursing is to develop and make its full contribution to the National Health Service in the year 2000. (McFarlane 1987:38)*

If the nursing profession wants this to happen it has to clearly articulate its reasons for this and demonstrate consensus from nurses themselves on this. The fact that the issue is a matter for debate suggests that at present this is not the case.

Contributing to the Royal College of Nursing's debate, which was part of their 'Head of School' annual conference held in December 1995, Theobald (1996) challenged the profession to clarify what graduate nursing is and to say how it will benefit patients. She asserts that the only valid reason for graduate entry into nursing is if it is in the patient's best interest. She implies that this

has not been demonstrated and that the drive for these graduates is more to do with academic and professional reasons.

The most pertinent reason for nursing to increase its number of graduates both from undergraduate and postgraduate programmes is to improve patient care through developing professional knowledge which will be underpinned by academic growth. There is a complex interface between these although this has to be demonstrated. What is clear is that academic progress and professional growth are not antithetic to better patient care. To explore this further the potential contribution of graduates is examined from four perspectives, viability, personal development, professional development and the provision, management and delivery of care.

2.2.4.1 Viability

Taking the first of these, that it is possible to expand graduate education, i.e. that it is a viable proposition, the move of nursing education into higher education, together with the re-tooling of teaching staff through enhancing their graduate status, makes this possible. Indeed there are those who would argue that undergraduate pre-registration nursing is already at graduate level as despite the 'diploma' nomenclature the Project 2000 higher education diploma programmes are comparable with US baccalaureate degrees (Glasper and O'Connor 1996). Also many of those enrolling on pre-registration diploma programmes could matriculate for university entrance. In Winson's study (1995) 50% of a cohort of diplomat students would have been eligible to register on degree programmes.

Many of the Project 2000 diploma students are now progressing to a 'top up degree' and there are many opportunities for registered nurses who have availed themselves of continuing educational opportunities, with credit accumulation and transfer to enrol on a post-registration degree. Glasper and O'Connor (1996) suggest that this is both wasteful of resources and time and, one could add perhaps, to some extent repetitive. Rather (1994) found in her study in the US that some post-registration graduates felt their programme had merely legitimated what they already knew. However, there is a counter argument to the idea that continuing education is a waste of resources, given the explosion in knowledge and new technologies and the recognition of the benefits that can accrue from life-long learning.

The main thrust of the argument regarding the feasibility of progressing nursing education to graduate level is that there is an infrastructure and a viable student source to make pre-registration and post-registration undergraduate nursing education do-able. Theobald (1996) says that there has to be a reason for doing something other than that we can. However, without the necessary

resources to embark on this exercise the move to raise the academic level of nursing education would be but a pious hope.

2.2.4.2 Personal development

With regard to the advantages of promoting graduate education from the perspective of personal development, nurses have demonstrated clearly that they feel threatened by the advancement of pre-registration nursing to a higher education diploma and by the push for an increase in the number of graduates (Carlisle 1991). A similar situation appertains in the US (Rather 1994). It may be that as job advertisements for more senior positions are stating that graduate qualifications are desirable, that this also could pose a threat to non-graduate nurses. Thomson (1998:60) says that employers see degree qualifications as 'universal currency'. She also points out that there is a higher rate of applications and a low wastage rate on nursing degree programmes. This is important in relation to the current nursing manpower shortage in England and a desire to attract able young people into the profession. It could be expected that as the number graduates in nursing increases this will lead to an expanded and more stable work force.

2.2.4.3 Professional development

From a professional perspective there are three main arguments in favour of increasing graduate education for nurses. The first centres on the benefits that will accrue from an increased knowledge base and an ability to develop this further. The second centres on the benefits that can be expected from the enhanced intellectual skills that graduates would have and the third is that it would facilitate parity of esteem with other professionals.

McFarlane (1987) argues that nursing has an inadequate knowledge base and that graduate nurses can build up theories on which to base practice. This need to develop nursing knowledge is also recognised by Thomson (1998). The need to contribute to the body of knowledge in nursing through increasing their own knowledge base and research skills is recognised by many nurse graduates (Carlisle 1991, Fraser and Titherington 1991, Rather 1994). This coupled with the development of their intellectual skills must both add to their ability to move the knowledge base forward and lead to better decision making, problem solving and creative practice.

Current challenges faced by practising nurses include technological developments and the requirement to demonstrate that their care is effective and based on evidence. This is alluded to by Narayanasamy (1997) who also identifies a number of benefits that graduate nurses would bring to the profession in addition to the acquisition of critical and analytical skills that are also supported by this author. These are adaptability and flexibility and confidence from having parity

of esteem with other professionals and credibility arising from an education that has academic standing.

Thomson (1998) posits that nursing is no different from other health care professionals in the level of skills required. In the UK nurses are the only group within the health care professionals that does not have graduate entry. Glasper and O'Connor (1996) argue that whilst this situation remains nurses will never be accorded the respect given to the other professions allied to medicine. They also state that multidisciplinary work requires the parity of esteem that will only be achieved through nurses having graduate status. Thomson (1998) also alludes to this.

The issue of parity of esteem as a reason for raising the academic level of nursing education is not peculiar to Britain. It was raised by Watson Hawkins and Wang, (1980) as a concern in the USA, where they are not only concerned about undergraduate training but progression to postgraduate (graduate) status. She raised the issue of the nature of the collegial relationship between nurses and other health professionals that is essential to the provision of the best possible care to patients, as warranting the same level of education.

2.2.4.4 Provision, management and delivery of care

Parity of esteem with other professionals could be viewed as more to do with status and power than to do with better patient care. It is hard to prove otherwise but there is a perception that nursing can make a contribution to better patient care at a macro level but it needs a powerful voice to do so. McFarlane (1987:39), who sees graduates as having a role in the political shaping and development of the health service, perhaps best exemplify this. She sees nurses doing this through developing nursing policies that would be concerned with professional issues and with the interests of patients. To achieve this they would need to *"marshal facts and present them as a contribution to decision making"*. She asserts that graduate education is necessary for this.

At a micro level graduates can also enhance the quality of direct patient care. McFarlane (1987:40) sees this happening largely through the qualities, knowledge and skills of the graduates in high technology nursing and those working autonomously and handling sensitive situations with sophistication. She sees graduate education giving nurses the *"powers of critical analysis and a knowledge base for prescription and action"*. However, as Carlisle (1991) and Fitzpatrick et al (1993) point out there is a lack of empirical evidence on the contribution graduate nurses make to practice.

Downe (1989) is critical of the research that has been undertaken in that she asserts there has been a failure to agree on what can be expected of nurse graduates. A consequence of this is that as

there are no expected benefits there can be no measure of outcomes. She implies that if it is expected that graduates will be leaders in nursing that there is no evidence to demonstrate that they will be better than non-graduates. She says that the profession is perhaps seeking an ability to study a subject in depth, to develop practitioners who are able to think laterally and creatively, who will be competent and confident and who will use innovation and self motivation to advance the profession. She doesn't deny that graduates might do this but she argues that these qualities can be acquired without attracting a graduate qualification.

There are two powerful messages. The first is from Theobald (1996:7) who asserts that the only valid reason for moving to graduate nursing education is if it is in the patient's best interest. The second is from Downe (1989) who challenges the profession to define what is needed and to devise an education and training to fulfil these needs.

2.3 UNDERGRADUATE ISSUES: PRE-REGISTRATION

The controversy about nursing graduates has largely been targeted at the pre-registration nursing graduates. This group has not been included in the current study as they have been extensively researched whereas there is little information about other types of nurse graduates. However, it is important to examine briefly the nature of the concerns about them and the evidence in support or counter to these in order to put this into context and to enable comparisons with other nurse graduates to be made.

McFarlane (1987:38) describes a process of '*rejection*' experienced by those involved in the early developments of graduate education in the UK in the late 50's early 60's. This rejection was from doctors, who she says saw the development as a threat to their status and by most universities who viewed nursing as non-academic and too vocationally orientated. It also came from a section of the nursing profession itself because of a perceived shift from the traditional practice based approach and the potential threat of being like American nursing – too theoretical.

Sinclair (1987) exposed a number of other concerns (myths) that were held about pre-registration nursing graduates. These were that they would not practice as nurses on qualifying, that those who did would not stay, that they would not be involved with direct patient care and that they would be subject to rapid promotion and opt for managerial posts. In fact her follow up study of Edinburgh graduates confirmed that these were indeed myths.

Other studies following up the career paths and progress of pre-registration nursing undergraduates within and out-with the UK have also added to the evidence that counters these accusations. These were undertaken by Bircumshaw and Chapman (1988b), Reid et al (1987) Kemp (1987),

Howard and Brooking (1987), Smith (1993), Barrett et al (1996) and Simsen et al (1996). These show that most nurses from these programmes take up nursing or related posts on qualification, with the majority in clinical posts. Some graduates are positive about their education and subsequent practice; others have experienced prejudice. Many seek further education, much of which is postgraduate or leads to specialist qualifications and there is an orientation by some for the community and other areas, which present them with a challenge. This would seem to imply not only that nursing graduates do practice nursing after qualification in the clinical setting but that they have longer-term plans for their career and are seeking to find posts commensurate with their knowledge and skills.

The situation regarding skills and competency, particularly immediately after qualification has also caused some disquiet. The move of nursing into Higher Education both in this country and in other countries has resulted in more emphasis on theory and less on practice. A corollary to this has been a widely held belief that student nurses who have followed a more academic programme will be less competent on qualifying than their predecessors (Oermann and Navin 1991).

The shift to university-based nursing education with a reduction in clinical practice has resulted in newly qualified graduates experiencing what is described as '*reality shock*' (Kramer 1974 cited in Horsburgh 1989:613, Oermann and Navin 1991:31). Oermann and Navin (1991) explain that whereas previously students adapted readily to the roles and responsibilities of staff nurses it is more difficult for students who have been exposed to less practice during their preparation to do so. However they recognise that these students have an adequate theory base. Scheetz (1989 in Oermann and Navin 1991) intimates that they are less competent in the clinical setting. In addition, new technologies, new treatments and an increase in the knowledge and skills required of newly qualified practitioners, it is suggested, has also contributed to inadequate preparation for practice (Brasler 1993). However, there is some evidence to counter this. Ryan and Hodson (1992) reported that employers of baccalaureate prepared nurses rated their performance higher than expected for leadership, nursing and communication skills. Clark asserts that:

> *"There is no evidence that, after the initial period of adjustment to qualified practice, the technical skills of the graduate are any less than those of the traditionally prepared nurse and.... I can find no evidence whatsoever of an inverse relationship between intellectual ability and either empathy or clinical skill"*(Clark (1997:74)

It would seem that the evidence to support the view that newly qualified graduates are lacking in their clinical competency is contradictory. None the less, it behoves the profession to ascertain why this is so. It may be that there is insufficient time in clinical practice during training to enable the newly qualified to fully competent on day one after qualifying or there could be other reasons why there is this criticism.

Horsburgh (1989), Pelletier et al (1994), White (1996) Kelly (1996 and 1998) and Oermann and Moffitt-Wolf (1997) have carried out studies that relate to graduates experience in practice. These show differences in what is taught by the educational establishments and what is practised in the clinical areas and that it is this, which causes problems for the newly qualified. It is suggested that the educational focus is patient-centred as opposed to the task-orientated approach in clinical practice. Perhaps it is this education/practice mismatch which gives rise to some of the criticism of the clinical competence of the newly qualified. Notwithstanding this, positive benefits such as high self-esteem, assertiveness, confidence and job satisfaction are recorded in these studies. (These benefits are also reported by Fraser and Titherington (1991) and Pelletier et al (1994).) Also some of the graduates were active in research and publishing, there was an interest in continuing education and some felt they had good career opportunities. This would suggest that these newly-qualified nurse graduates are committed to their jobs and to their professional development and that there is every possibility that their level of competency will rise.

It may be that the competency of the newly qualified is not the issue, there may be some prejudice against them by some members of the profession and it is this prejudice which is underpinning the criticisms. There are concerns that pre-registration graduate nurses will gain accelerated promotion but this has proved not to be the case (Thomson 1998). They are, however, subjected to negative factors such as stress, role anxiety, lack of control, being under pressure and lack of support and pressure to conform (White 1996). They also experience difficulty in maintaining standards due to inadequate resources and a feeling of responsibility not only for their own standards of practice but for that of others are also reported (Kelly 1996). But the new graduates do recognise their lack of experience, difficulty in interacting with doctors, a lack of organisational skills and experience problems in dealing with new situations (Oermann and Moffitt-Wolf 1997).

In an attempt to raise the level of clinical competence and to enable them to adapt to practice preceptor or mentor schemes have been introduced for newly qualified nurses in many hospitals and other health care settings. The outcomes of these schemes are generally positive (Koehler et al 1988, Clayton et al 1989, Jairath et al 1991, Peirce 1991, Turkoski 1987, Hsieh and Knowles 1990, Swayne 1986 and Miner and Schueler 1987 cited in Oermann and Navin 1991). However the findings from other studies of outcomes of preceptor programmes showed that these programmes made no difference (Oermann and Navin 1991) or were inconclusive (Brasler 1993).

It is clear from the literature reviewed in this section that some of the criticisms of nurses who have followed an undergraduate pre-registration nursing programme are largely unsupported or easily reconcilable. They do go into nursing practice after qualifying and they do demonstrate long-term commitment. Their initial level of competency in practice may well be a problem, but as they seem to be making progress in their careers and have a commitment to their professional

development, this is probably an issue of short-term duration. Whether or not they have longer-term advantages over non-graduate nurses in relation to promotion remains to be seen.

2.4 UNDERGRADUATE ISSUES: POST-REGISTRATION

2.4.1 Introduction

This part of the literature review is pivotal to meeting two of the review functions. These are the rationale for carrying out the research and the need to put the research into the context of what is known about the phenomenon being investigated (Parahoo 1997). There is a paucity of research on post-registration undergraduates (Fraser and Titherington 1991, Rather 1992 and 1994, Gould et al 1999) and on the benefits of this level of education on patient care (Carlisle 1991). This alone serves as a justification for carrying out this research. The writer has focused on those aspects of the literature, which are directly relevant to the research in having something to say about the impact of post-registration undergraduate education on the lives and practice of nurses. Some of the issues raised in the earlier section will be revisited and discussed further.

Notwithstanding the difficulties outlined in section one about the literature sources and a paucity of research literature appertaining to this section of the review, a number of themes have emerged that are important in shaping the current research. These will be revisited in the chapter in which the findings of the research are discussed. The predominant themes, which have been identified, are; 'motivation to study at this level', 'perceived benefits' and 'problems'.

2.4.2 Motivation to undertake post-registration degrees

Human motivation is a complex phenomenon that is primarily concerned with needs and drives (Hayes 1994). It is anticipated that the needs and drives experienced by nurses undertaking graduate studies will be due to external pressures or factors as well as to those emanating from within themselves. For the purpose of this part of the literature review the material is separated into external factors and internal factors.

2.4.2.1 External factors

Little seems to be known about why registered nurses seek to advance their academic education. Carlisle (1991:296) who undertook a literature review to examine the value of post-registration degrees pointed this out. Commenting on a group of nurses who have been particularly active in undertaking degree programmes, that is nurse teachers, she suggests they may be driven by the demands for all teachers to be graduates and are pursuing post-registration degrees for reasons of

'professional survival'. This presumably at the most basic level is about maintaining employment and achieving professional recognition. The pressure to keep up to date and to be able to compete equally with other colleagues affects nurses in general and is not confined to nurse teachers.

This pressure comes from a number of sources including professional bodies, professional organisations and nursing leaders. These comprise, the Platt Report, (RCN 1964), the Briggs Report (DHSS 1972), Project 2000 (UKCC 1986), Owen (1988), Post-registration Education and Practice Project (UKCC 1990), Shaping the Future of Nursing (RCN 1997). All emphasise the need for an increase in the number of nursing graduates. Carlisle (1991:297) implies that the raised academic level of pre-registration nursing through the project 2000 programmes and the push for advanced practice linked to higher degrees, poses a threat or challenge to all registered nurses. She indicates that their response to this is comparable to that of the nurse teachers and again is consistent with the notion of 'professional survival'.

This situation is not confined to the UK. Rather (1994) drawing on her phenomenological study of 15 returning registered nursing students in the US, which she also reported on in 1992, found that coercion to get degrees was felt by the nurses in her study. This is illustrated by a quote she gives from one of her subjects.

> *"all nurses are going to have to have their Bachelors and if they don't.... (threat left unidentified)"* (Rather 1994:264).

Perhaps associated with the threat/challenge argument is the desire on the part of registered nurses to ratify their existing knowledge and skills (Myco 1984, Rather 1994). This suggests that registered nurses are experiencing a lack of recognition of their academic and professional knowledge and skills. This point is well illustrated in the following quote from Rather, from one of her subjects whose professional status appeared by her not to have been validated.

> *"Now you have a piece of paper that says you are what you are"* (Rather 1994:266).

On a more positive note, whilst there may be difficulty in comparing research in the US, UK and Australia, there are a number of studies carried out in these countries which demonstrate a widely held belief about the potential benefit of graduate studies. These were alluded to in section four as they have relevance to both pre and post-registration undergraduates. These include in addition to studies already referred to, studies by other British authors namely Reid et al (1987), Fraser and Titherington (1991), Fitzpatrick (1993) and Gould et al (1999). An Australian perspective is offered by Pelletier al (1994) and a US perspective by Rather (1992).

The Reid et al (1987) study was concerned with career paths, aspirations and problems experienced mainly by pre-registration graduates but they did include a sample of 9 post-registration graduates. They undertook a survey using a postal questionnaire. Fraser and Titherington's (1991) study also used postal questionnaires and had a sample of 146 post-registration graduates. They were also interested in examining the career paths of graduates. Fitzpatrick et al (1993) undertook a literature search on the relationship between nursing and higher education. They had a particular interest in the development of nursing degree programmes and concentrate predominantly on pre-registration programmes. The Gould et al (1999) study was concerned with students' expectations of post-registration programmes. They used group interviews as a method and had a sample size of 62 post-registration students on degree linked schemes.

From Australia Pelletier et al (1994) undertook a pilot study on the effects of graduate nurse education on clinical practice and career paths. Their study incorporated a review of the literature, which included studies on pre-registration and post-registration degrees in the US and Britain. Their own study involved a convenience sample of 55 students who were undertaking a post-graduate diploma. From North America Rather's 1994 study has already been mentioned. Her 1992 paper was based on the same research that she wrote about in 1994 and was about the experience of registered nurses returning to undertake a baccalaureate degree.

2.4.2.2 Internal factors

It is evident that those nurses who are seeking to acquire further academic qualifications appear to be doing so for a combination of reasons. That is, for academic development, professional and personal development, career enhancement and from an aspiration to improve patient care.

The literature demonstrates considerable consensus on the desire for academic enhancement and fulfilment. (Little and Brian 1982, Thurber 1988, Lethbridge 1989 in Pelletier et al 1994, Watson and Wells 1987, Beeman 1990, Rather 1992, Gould et al 1999). As well as the acquisition of knowledge, intellectual challenge and stimulation, the application of theory to practice and optimum development are also mentioned. Academic growth is therefore, a strong motivator for those embarking on graduate programmes. There is an obvious expectation that this knowledge gain, as well as giving them a personal sense of satisfaction and achievement, will serve a useful purpose through an interface with their professional lives. Implicit in this is the potential benefits to patients and an enhanced reputation within nursing and in the eyes of other professional colleagues.

Academic development could therefore, be seen as a corollary to professional development which, is identified as a motivator by Lethbridge (1989) in Pelletier et al (1994), Fraser and Titherington (1991), Carlisle (1991), Rather (1994), and Gould et al (1999). The term professional development is mostly used, as if it were axiomatic, that is that that its meaning is obvious and is taken for granted. In reality it is a complex phenomenon.

Bucher and Stelling (1977) posit that on entering a professional programme of studies students have varying ideas about their chosen discipline, their commitment to it and its potential as a career. They suggest that there is a change during the course of their studies in that in addition to the acquisition of relevant skills they usually have a common set of beliefs and values about their profession. This may not be the case with nursing students because of nursing's inability to establish itself as, and be firmly recognised as a profession. Nursing is not an all graduate profession and there are concerns as touched on previously, about whether or not is has a sufficient body of knowledge and research competencies acceptable to academia to be called a profession at all. Notwithstanding this the process of becoming professional has been a major goal for nursing.

It has sought to develop a body of specific knowledge, commitment to service and control over entry (Rather 1994). It may be that this is not always for altruistic reasons. Rather (1994) implies that nursing leaders are seeking to professionalise nursing for reasons of prestige, autonomy and financial gain. She appears to be concerned that there is little questioning of professional ideology, which she sees as a form of oppression. This research draws on the North American literature and was conducted in the US, however, it raises interesting questions for British nursing as to whether the situation is similar or different here.

Despite the controversy about nursing knowledge and the professionalisation of nursing it is obvious that post-registration undergraduates are anticipating a degree of personal satisfaction from achieving academic and professional growth. However, there is an expectation that embarking on a programme of studies will be of particular benefit to their personal development. It is mentioned in the literature specifically in relation to a wish to improve social skills (Lethbridge 1989 in Pelletier et al 1994) and in a general sense as an expectation that they will develop on a personal level by Carlisle (1991), Fraser and Titherington (1991) and Gould (1999).

A consequence of any improvement in social skills might be an increase in confidence and being able to relate better to other colleagues and professionals. In her argument for nursing to become an all graduate profession Thomson (1998), asserts that students desire parity of esteem with other professionals. It is perceived that this will allow for academic and career development, will enhance self-esteem and will lead to egalitarianism in the multidisciplinary team. Fraser and Titherington (1991:262) state that *"nurses need to have confidence in themselves in order to be*

effective in negotiation with other professionals in patient care". There is currently considerable emphasis on nurses working alongside other health care professionals, not only in collaborating in patient care, but in demonstrating that care is evidenced based. As the majority of other health care professionals are educated to degree level, it is not difficult to see that nurses may not feel like equal partners in care delivery or research and that this could affect their confidence. If nurses are experiencing this, increasing their academic education might rectify the situation.

Whether it is a consequence of expected academic, professional and personal development or because of the acquisition of graduate qualifications, there is an expectation that embarking on a course of study at this level will also enhance their career prospects. This is articulated as expectations of improved career and economic opportunities with greater autonomy and credibility and improvement in work performance with consequent rewards or enhancement (Little and Brian 1982, Thurber 1988 in Pelletier et al 1994, Carlisle (1991) Rather 1992, Gould et al 1999). It is interesting however, that Fraser and Titherington (1991) found that professional development or personal interest, rather than career advancement was identified as the reason for undertaking graduate studies.

Despite the beliefs mentioned about the perceived benefits of graduate studies being an enhancement to patient care, this appears to be mentioned less often as a motivator. Notwithstanding this, it is featured as such in some of the studies (Little and Brian 1982 in Pelletier et al 1994, Carlisle 1991, Gould et al 1999). In the Gould et al (1999) study, increased theoretical knowledge of direct patient benefit, the need to plan and deliver patient care and the need to develop technical expertise were all identified as aspirations by nurses pursuing post-registration degree linked studies. It could be argued that this would result in better practice and improved patient care if such aspirations were eventually realised in the work place.

Irrespective of whether the forces that drive registered nurses to undertake graduate studies are due to external or internal factors, there is a high expectation that there will be benefits to nurses themselves, to the profession and to patient care. It could be postulated that there is an interrelationship between these and that taken as an integrated whole they are much more powerful. The development of critical and analytical thought and the broadening of the knowledge base for practice identified by Carlisle (1991) is an example of this interface. Recognition that the provision of care is complex, that nurses seek to advance their careers through their studies and at the same time hold a desire to contribute to nursing knowledge in general also supports this idea (Pelletier et al 1994).

Whilst there are indications in this literature review of what motivates registered nurses to undertake degrees, many of the authors whose work has been considered have not specifically

focussed on nurses undertaking post-registration degrees. An underlying assumption appears to be that although the programmes being studied are different and the degree category is different, there are certain features that could be applied universally. On a cautionary note this may not be the case. For example Carlisle (1991) points out that, North American Masters programmes are more orientated to clinical specialisms, whereas in the UK programmes are predominantly generic at undergraduate and postgraduate level, although they may be attended by specialist nurses. Thus the motivation of British nurses on more generalist courses might well be different.

2.4.3 Perceived Benefits

From the findings of the various research studies mentioned, it would appear that many of the forces that motivate graduates at the outset of their studies are indeed realised in the form of benefits after completion of their programmes of study. These benefits are similar to the forces that motivate them, that is: academic development; professional and personal growth; career development opportunities and improvement to patient care.

2.4.3.1 Academic development

Academic development comprises the acquisition of knowledge, the attainment of intellectual skills and the application of this knowledge to practice and research. The increase in knowledge that can be attributed to undertaking graduate studies is identified by a number of authors such as Pardue (1987), Owen (1988), Reid et al (1987), Fraser and Titherington (1991) and Rather (1994). The acquisition of intellectual skills denotes real growth in intellectual capacity. This is articulated in the literature as the development of critical and analytical thought and freedom of expression and opportunities to express and exchange ideas (Pardue 1987, Owen 1988). It is also expressed as the capacity to question or the adoption of a more questioning approach and to be more critical and analytical (Carlisle 1991, Pelletier et al 1994, Fraser and Titherington 1991. The development of these skills clearly results in increased confidence in dealing with complexity (Fraser and Titherington 1991) and new ways of thinking and learning (Rather 1992).

The sophistication of the learning process is manifest in the application of the newly acquired knowledge and skills to practice and research. Pelletier et al (1994:319) refer to this as *"capacity to question"* and *"think about their practice"* in their pilot study referred to earlier. Other writers such as Reid et al (1987:223) report *"a better understanding of research literature"* and Fraser and Titherington (1991:264) describe another aspect of the same phenomenon as *"making a good contribution to the profession through research where the emphasis is on clinical research"*. The research often has a care focus or is practice based (Carlisle 1991, Pelletier et al 1994). The intellectual stimulation and growth is further exemplified in the submission of publications (Pelletier et al 1994) and the fact that a considerable number of graduates go on to further study

(Pelletier et al 1994, Fraser and Titherington 1991). It is of note that in an exercise in observation, there was a performance increase with each higher degree held. This study involved 1965 participants watching five filmed patient situations and recording their observations and producing justified plans of action (Verhonick et al 1968). Davis (1972) replicated this study and found that the 20 clinical nurse specialists who participated performed better than the 20 baccalaureate participants.

From the literature it would appear that academic development is a dynamic process. Along with the increase in knowledge, the acquisition of intellectual skills and the ability to apply this to practice and research is a recognition that whilst there have been advances in learning there is further to go. The following quote from a subject in one of the studies will be meaningful to many nurses who are making progress with their academic studies:

> *"The more knowledge I gain the less I feel I know"* (Rather 1992:51).

One of the most powerful arguments in the literature appertaining to professional growth is that espoused by Carlisle (1991). This is concerned with the nature of the degree studied whether it is in an associated discipline or specifically for and about nursing. She acknowledges that the acquisition of knowledge and the skills required to undertake research, such as the ability to think critically and analytically could be acquired from undertaking a degree in a discipline other than nursing. However, she appears to be saying that graduate education in itself will not necessarily advantage the profession. Instead she calls for an increase in the number of nurses who are graduates in nursing, the implication being that nursing knowledge is associated with professionalism. She does however, acknowledge that there is little research evidence to demonstrate the purpose and value of post-registration degrees and postgraduate degrees. Given the paucity of research in this area it could be construed that the case for non-nursing degrees is also not verified. The assumption that nursing has its own unique body of knowledge was alluded to in the section on motivation to undertake degrees. Rather (1994) seriously questions this. If this is the case it could be argued that nursing students might advantage the profession more by developing a robust knowledge of research methodology and methods from other disciplines and then use this to develop nursing knowledge. Given the diversity in nursing it is possible that a mixture of these approaches would not only strengthen nursing knowledge, especially if it is practice based but would enrich nursing practice. This appears to be what qualified nurses embarking on post-registration degrees are seeking.

2.4.3.2 Professional and personal growth

There is obviously a link with academic development concomitant with graduate studies and professional progress, as it is likely that any graduate education will facilitate research and theory

development and this could aid the development of the discipline of nursing. Fraser and Titherington (1991) indicated that nursing graduates are making a good contribution to the profession. However, the experience of undertaking graduate courses in nursing does not always achieve this as there are reports of some post-registration graduates feeling less professional (Bottoroff 1986, Rather 1994, Pelletier et al 1994). This is possible due to 'the more you know the less you know syndrome' which could be interpreted as enlightened if not advancing professionalism! Professional growth must also include knowing about nursing and health care, using nursing skills and performing competently. Greater insight into nursing and health systems was identified by Pelletier et al (1994) as a consequence of graduate studies. This could be construed as a beneficial outcome from these studies. The appropriate use of skills (Fraser and Titherington 1991) and increase in professional activities (Bottoroff 1986, Pelletier et al 1994) could also be construed as being illustrative of professional growth as could the positive effect of a graduate education on work roles (Pelletier et al 1994). Post-registration graduates see nursing as more than just a job and demonstrate commitment to the work (Rather 1992). Graduates feel they are better practitioners (Rather 1994) and their progress from *'novice to expert'* is more visible (Rather 1992:53). They have the potential for advancing the profession through, for example supporting new graduates (Carlisle 1991). However, a minority of graduates felt that their skills were not being used and there was a perception of a lack of understanding of their potential use in practice. This is illustrated in the following comment: *"the service does not know how to use graduates"* (Fraser and Titherington 1991:264). The inability to utilise graduates to their full potential is also commented on by Armstrong-Esther & Myco (1987), who go on to suggested that this would make it difficult to effectively research their contribution to practice.

Personal growth could been seen as a corollary of academic and professional growth, for example some students expressed a sense of achievement from success with their degree studies (Fraser and Titherington 1991). These authors also report an improved self-image and self-confidence that is supported in the literature by Pelletier et al (1994) who also found an increase in assertiveness and Rather (1992) who reports an increase in self-understanding and a feeling of empowerment. All of this suggests significant personal growth.

2.4.3.3 Career opportunities

One of the most significant findings in relation to benefits from graduate studies on career opportunities is that a high proportion of graduates stay in nursing. That they do is possibly attributable to the fact that they have recognition and respect, increased responsibility and employment in their area of choice (Pelletier et al 1994). Generally they appear to be satisfied with their career paths and progress as Fraser and Titherington (1991) found, with as Pelletier et al (1994) suggest increased promotion and job prospects, more control over their career and

opportunities for career advancement. When they choose to move, this is mainly from the clinical areas to education or management (Fraser and Titherington 1991, Pelletier et al 1994). There is an interesting difference between pre-registration nursing graduates and these post-registration graduates. One of the fears expressed about nurses acquiring degrees is that they will seek rapid promotion and will not stay in practice. (See section on pre-registration graduates). This fear was largely confounded in that pre-registration graduates do stay in practice albeit in areas where they have greater autonomy. However, in the Fraser and Titherington (1991) study 16.3% of the post-registration graduates moved into education and 8.5% of them moved into management. These authors suggest that the reasons for the move into teaching are unclear, but it is possible that these graduates may have undertaken their graduate studies to enable them to embark on a teaching career. They also posit possible dissatisfaction from the graduates, with their prospects in the clinical areas and a perception of greater opportunities in teaching. This could also be a reason for the drift into management. Fraser and Titherington (1991) perceive that the move into teaching has policy implications if there is an aspiration for graduates to continue to have a role in clinical practice. However, with the advances in nursing education they suggest that these graduates may be able to combine their clinical and teaching work. In the Pelletier et al (1994) study there was a shift of 8% of their informants to education and 8% to management with career advancement and increased opportunities being cited as the reasons for moving. This later study supports the notion that there are differences between pre-registration and post-registration graduates in their career plans and ambitions. It is likely that the pre-registration graduates need a period of consolidation in the clinical areas before they can make progress with their careers.

2.4.3.4 Benefits to practice

There is a lack of empirically-based work on graduates' contribution to practice (Carlisle 1991, Fitzpatrick et al 1993). However, graduate contribution specifically to practice is often inferred as a benefit as opposed to being strongly identified in the literature. Porter & Porter (1991 in Pelletier et al 1994) suggest that the increased confidence, self esteem and motivation demonstrated by graduate students would lead to better practice. It is inherent in one of the observations, that the student learned a great deal and was *"a more well-rounded practitioner"* (Rather 1992:53). It is also by implication embedded in the Verhonick et al (1968) and Davis (1972) studies referred to earlier. They found a relationship between continuing academic development and success in the observation exercises and more likelihood of related supportive actions and in the Davis study – better justification for their actions. Reid et al (1987) reported that for three of their subjects their graduate studies gave them more insight and enabled them to assess their clients' better. Given the belief that graduates will contribute to better patient care it is a pity that this has not been addressed more explicitly in the research. Pelletier et al (1994)

suggests that ultimately the interest in clinical research will lead to an improvement in clinical practice.

2.4.4 Problems

Problems are experienced by graduates during their course of study and after they have qualified. These include both personal and professional issues. A problem that was referred to earlier in this review was the frustration which one could assume would be experienced by those nurses who believe they already have the requisite knowledge and skills and find that their graduate education adds little to this. These nurses were also exposed to a process of 'de-skilling' through lack of recognition of their previous learning and experience (Rather 1994). Despite gains in knowledge and possibly other benefits some graduates finish their studies with less confidence in their ability to apply research findings in practice, to think critically and to argue and debate. Some also report feeling less professional. This may be due to a rise in their standards (Bottoroff 1986).

Negative effects on health and social life and an increase in stress are identified during the course of study (Pelletier et al 1994). This is probably exacerbated by other problems that some students encounter, namely change of jobs, promotion and moving house (Fraser and Titherington 1991). Family and social circumstances appear to subsequently interfere with progressing the career of some graduates after qualification (Pelletier et al 1994). This is not the only barrier to career success as negative reactions have also been experienced at job interviews (Reid et al 1987). The nature of these negative reactions is not described. Pelletier et al (1994) on the other hand report that 74% of their informants believed that their graduate studies was perceived positively with only 11% reporting that their studies had no impact. Even though this negativity applies to a minority it is not confined to job interviews. Wong (1988) have also reported negative reactions and a lack of acceptance from nursing colleagues. Even prior to these studies anti-intellectual and anti-educational feelings were being reported. It was said that these feelings which could be construed as negative might hinder post-registration graduate nurses' from making a full contribution to their work. As indicated previously, this would also have implications in assessing the value of graduate education (Armstrong-Esther and Myco 1987).

It is not surprising that some graduates are frustrated and dissatisfied and perceive that prospects in clinical practice are not attractive (Fraser and Titherington 1991). This might explain why some look to teaching as an alternative. However a consequence of this is that there are fewer graduates to support practice (Fraser and Titherington 1991) and that the small number in practice significantly reduces their impact (Myco 1984).

Given that the research featured in this review addresses different research problems and has been conducted through the use of different methodologies and research methods it is difficult to determine whether or not the benefits outweigh the problems. To some extent this is immaterial as benefits need to be recognised and problems need to be addressed.

2.4.4.1 Methodology and method

There appears to be a common predominant reason amongst the researchers for undertaking research on 'graduate' nurses. This relates to the proliferation of graduate courses and a consequential need to evaluate the programmes and or the outcomes (Reid et al 1987, Fraser and Titherington 1991, Carlisle 1991, Rather 1992 and 1994, Fitzpatrick et al 1993, Pelletier et al 1994, Gould et al 1999). All of these authors have contributed to the knowledge and understanding of the graduate experience and have identified areas for further study. There are, however significant differences in their choice of methodologies and methods.

Carlisle (1991) provides a comprehensive literature review of the research undertaken in the UK and North America with a focus primarily on post-registration undergraduate degrees but also touching on postgraduate degrees. This paper is cited in the studies by Pelletier et al (1994) and Gould et al (1999) which indicates that it still has relevance. There is a strong call from Carlisle (1991) for empirical research on this subject. Fitzpatrick et al (1993) also provide a review of the UK and US literature. As well as examining the contribution of nurse graduates to the profession they are concerned with examining the relationship between nursing and higher education. These authors also point to an insufficiency of empirical research and argue that little has been done to demonstrate that graduates improve patient care.

A number of the studies reviewed for example Reid et al (1987), Fraser and Titherington (1991), Pelletier et al (1994) utilised questionnaires. These questionnaires were postal in nature although Pelletier et al (1994) administered one with a group of subjects. The sample response sizes range from 5 (Reid et al 1987) although they were part of larger sample of other graduates, to 113 (Fraser and Titherington 1991). The instruments, which were all developed specifically for the research were piloted and validated. Fraser and Titherington (1991) also used a previously-validated satisfaction thermometer. What is described as 'group interviews' were used by Gould et al (1999). These appear to have comprised a group-administered, open-ended schedule. Their sample size was 60. Their subjects wrote down their answers. This was subsequently analysed using manifest content analysis. Pelletier et al (1994) describe their study as a 'pilot study' (40 subjects). They report using frequency responses with percentages. They do not say how they analysed their open-ended questions. Fraser and Titherington (1991) do not provide information on their analysis. This group of studies appears to be essentially quantitative in approach,

although incorporating some qualitative data. There is a paucity of information appertaining to the underlying philosophies and to the methods. This detracts from the robustness of the research conducted by these authors, in enabling the reader to ascertain if the research was appropriate and conducted appropriately in relation to the research problem being addressed. Maybe it is unfair to be overly critical of these studies; as Parahoo (1997:98) points out authors of journal articles are limited by space. The work by Rather (1992 and 1994) appears to offer an approach for this study that would be more likely to enable the research question to be addressed. She discusses the underlying philosophy for her phenomenological study that enables a judgement to be made about its relevance for her research. She provides information on the nature of her chosen form of analysis that is, Heideggerian hermeneutics, which, is well explained and is appropriate in leading to an understanding of the lived experience of the subjects' (15). In the 1994 paper she draws on the work of Paulo Freire (1968/1970) as a framework for specifically understanding returning registered nurses' oppression. Feminism and critical social theory are also an influence to her. However, her main focus is on the 'schooling experience' and is related more to the education these nurses have been exposed to than to practice.

The authors referred to do not overtly identify the underlying theoretical or conceptual framework. It is apparent, however, that there is a strong belief that graduate nurses are of benefit to both the profession and to patient care and this is a justification for increasing the number of nursing graduates. None of the research reviewed demonstrates conclusively that this is the case. The difficulty of demonstrating this is frequently discussed in the literature (Carlisle 1991). The opposition to nurse graduates and the consequent difficulty in them being able to demonstrate the benefits of their graduate education in practice has also already been alluded to (Carlisle 1991, Fitzpatrick et al 1993). Two problems therefore have to be addressed. One is to demonstrate the potential for improved patient care. The second is to identify the barriers to graduates succeeding in fully using their acquired knowledge and skills. It could be argued that, only then could the work be undertaken on demonstrating the effectiveness of nurse graduates in practice.

2.5 POSTGRADUATE ISSUES

2.5.1 Introduction

It can be seen from the previous sections that the issue of whether nursing needs graduates has not been resolved despite the growing opportunities for nurses to advance their academic education by undertaking undergraduate and postgraduate studies. The bulk of nursing education in Britain remains at the diploma/undergraduate level. However, with the move of nursing into higher education there has been a proliferation of postgraduate programmes both in nursing and in non-nursing subjects for nurses to choose from.

This section of the review is concerned with postgraduate education for nurses. At all academic levels nursing education (as has been frequently referred to) is strongly perceived to underpin better patient care, to advance the profession and to enhance personal development. Whilst it is predominantly Masters level education for nurses which is currently expanding in the UK, the debate about the value of raising the academic level of nursing education in the US is centred on Doctoral studies. In order to obtain a broad coverage of the pertinent issues regarding post-registration education for nurses, the literature reviewed in this section will cover Masters and Doctoral education and will draw on material from the UK. and the US. There is however, very little research on Doctoral studies in the UK.

2.5.2 Demand and Need for Postgraduate Education

As far as the author has been able to determine, no one has identified the number of nurses with postgraduate qualifications that is and will be needed in the UK. The situation in the US is different. Whilst the literature reviewed has not shown the numbers of nurses holding or needing Masters qualifications, there is information on the numbers of and the need for nurses with Doctoral qualifications.

As indicated in section four, the first nurse to gain a doctorate was in 1928 in the US and by 1952 there were 1449 graduates of Doctoral studies in nursing in the US (Henderson and Nite (1997). In the 1988 National Sample Survey of RNs it was estimated that 5400 registered nurses had Doctoral qualifications. Of these 80% were working in academia (Jacox 1993). According to Gurney et al (1997) there were about 10,000 Doctoral-prepared nurses in the US in 1992. The figures quoted by Moses (1997 cited in Hodges et al 1998) show that this has risen to 14300. However, this falls far short of the predicted requirements. The US Department of Health and Human Services in 1990 intimated that 27,970 new Doctorally prepared nursing graduates would be needed by the year 2000 (Hodges et al 1998). This same report is cited by Gurney et al (1997) who report the figure as being between 28,100 and 52,600 depending on the type of 'trends' model used.

The questions raised by this are as follows; Why do we want nurses with postgraduate qualifications? What are the differences in the contributions made by nurses with Masters qualifications and the contributions made by nurses with Doctoral qualifications? And what are the issues and debates concerning this level of education for nurses? To some extent these questions are interrelated in that need might be driven by the value of the contribution made by nurses with these qualifications. However, there are other societal and political issues that will impact on this.

2.5.3 Postgraduate Masters

Notwithstanding the title of this section, some nurses do not have a Bachelor's degree when they commence their Master's degree and their studies constitute a first degree. Whilst this takes less time and work than undertaking a Bachelor's degree first, in the writer's professional experience it poses some problems. There is a wider range of educational experience in the group necessitating some repetition for those students who have Bachelor's degrees and extra pressures and demands on those who do not, to enable them to reach the required standard. This issue does not appear to have been addressed in the literature and indeed there is a paucity of research on other aspects of Masters education for nurses.

According to Hungler et al (1979) there is a deficit of studies in outcome differences on graduates from Masters programmes. There appears also to be a dearth of information on the value of or attitudes towards Masters courses in nursing either in the UK or the US (Stavropoulou and Biley 1997, Watson and Wells 1987). It could be construed that this is a potential threat in terms of providing evidence to justify the provision and resourcing of postgraduate programmes in nursing. In the late 1980's nursing education in the US was experiencing a rise in costs with a reduction in funding and decreased enrolment on nursing programmes. This, coupled with economic constraints in the health care system, challenged nursing to reduce its costs and at the same time be more effective. Watson and Wells (1987) suggest this posed a threat to nurses with advanced qualifications and those wishing to advance their education in that they might find themselves paying more for their education and have fewer post qualification job opportunities. In many ways this situation has its parallels in the UK with NHS funding falling short of that required, where the number of hospital beds has been reduced and where there are more patients and a shorter length of stay in hospitals. Add to this the resource constraints on nursing education, the situation in the two countries could be similar. However, in the UK there is still a market for postgraduate programmes albeit small and some financial support from employers to facilitate this. Gibbon and Luker (1995) refer to policy issues and changes in the context of health care together with an emphasis on value for money, evidence-based practice and altered professional boundaries. They intimate that this has provided the impetus for Masters level preparation and the development of the nurse practitioner role. This may also be why employers are seeing the value of investing in postgraduate programmes.

2.5.4 Expectations regarding Masters education

Notwithstanding the lack of evidence on the value of Masters education as indicated, nurses appear to be taking up the programme opportunities offered to them and also appear to see some merit in pursuing their studies at this level. Stavropoulou and Biley (1997), using a modified grounded

theory approach with a specific focus on professional and personal development, report that the motivational tendencies of their 9 subjects were in accord with the motivational theory espoused by Maslow (1954). This puts self-actualisation and achieving potential at the top of the hierarchy. The reasons given in this study for undertaking the Masters in nursing were job security, intellectual challenge and personal achievement. They also valued the interaction and exchange of ideas with other colleagues. They experienced some external pressure such as service needs and demands from those in authority and a belief that nursing was moving to an all graduate profession. This constitutes a form of professional survival (Carlisle 1991, Rather 1994) which was also experienced by post-registration undergraduates and was discussed in section four of this review.

In a study comprising a postal questionnaire with an analysis sample of 524, representing a 53% response rate of nurses with Bachelor's degrees Watson and Wells (1987) demonstrated that the majority of their respondents believed that having a Masters degree would be an advantage. They thought the programme would provide intellectual stimulation, in-depth specialised knowledge leading to greater autonomy and credibility in practice. Only half of these nurses felt they needed a Masters qualification for career enhancement and 66% had doubts as to whether there were job opportunities for nurses with Masters degrees.

In a survey of Hong Kong nurses, Simsen et al (1996), whilst acknowledging that empirical evidence is ambiguous, assert that a graduate workforce could be beneficial to the profession and to the public. They cite the Hong Kong Working Group on Education (1992) who reported that benefits that could be accrued from graduate education are; increased status, increased job satisfaction, better retention and a better knowledge base for the provision of care. These authors believe that the developments in nurse education in Hong Kong will lead to enhanced critical ability and a higher standard of patient care recognisable by other health professionals. Furthermore they see this as enabling them to respond to the future health care needs in their country and being commensurate with the principles of the preparation of the professional nurse espoused by the ICN (1992) and WHO (1991).

2.5.5 Outcomes and benefits arising from Masters education

Outcomes of studying on a Masters in nursing programme reported by Stavropoulou and Biley (1997) were changes in work performance through the acquisition and application of knowledge or a new post or promotion. They also report an increased objectivity, success with publishing and progression to Doctoral studies. On a personal level they identified an increase in self-esteem and self-confidence, self-image, self-awareness, assertiveness and communication. However, some respondents reported no change or that it was hard to identify any change arising directly from their studies. An earlier study in the US by Hungler et al (1979) also identified an increase in

knowledge as a benefit. Those of their respondents who were taking a teaching option identified better patient care through the preparation of nurses. Those taking clinical options saw benefits arising from their personal advancement. The benefits identified in these studies are similar to those experienced by the post-registration Bachelor degree students reported in section four. The overlap and similarities in perceived benefits or outcomes at Bachelor and postgraduate level raises the issue about the level of the degree studied. It may be that Masters preparation whilst achieving similar outcomes goes that much further in advancing the profession and achieving optimal patient care. It is interesting that in the North American literature there is a close association with Masters programmes and advanced practice.

2.5.6 Advanced practice at Masters level

In the UK many nurses might consider themselves to be advanced practitioners. These could include community nurses, triage nurses, nurse practitioners, clinical nurse specialists, nurse educators and more recently nurse clinicians and nurse consultants. Probably very few of these practitioners are educated to Masters level. The concept of advanced practitioner and the titles conferred are not regulated. There is much debate, confusion and conflict on the issue of advanced practice. Woods (1999:121) describes this as:

> *"an intractable dialogue regarding the semantic and pragmatic differences between the various levels and standards of nursing practice".*

This captures the dissent and disagreement amongst policy makers, practitioners, professional organisations and the regulatory bodies, to name but a few. The United Kingdom Central Council for Nursing, Midwifery and Health Visiting document 'A higher level of practice' (UKCC, 1999) on this issue adds little to the resolution of the problem. It advocates the establishment of various groups to come up with descriptors of advanced practice and vacillates on the issue of linking or underpinning advanced practice with academic programmes of study. Notwithstanding this, there are examples of postgraduate programmes for advanced practitioners. One example is the MSc in Clinical Nursing at the University of Liverpool. This programme aspires to produce nurse clinicians who are equipped to deliver evidence-based care in a variety of settings, be politically aware and understand health policy and this level of academic preparation is seen as essential for safe practice (Gibbon and Luker 1995:164).

In comparison with the UK there appears to be a stronger commitment and certainly a longer history regarding postgraduate education in the US. In 1979 Hungler et al (1979) report a shift to Masters level going back ten years. Initially this level of education was sought by teachers but increasingly it is the clinical specialists who are looking for advanced programmes. It is interesting that the reasons given for this shift in educational level are ascribed to an increasing

specialisation and the complexities of society. The message, to would-be postgraduate nurses, who want to advance their practice, has been expounded more recently by McGriff (1996:9) who states that graduate education in nursing at Masters level is the road to advanced clinical practice. This author urges nurses to update themselves and to embark on life-long learning in order to advance their careers and to be accountable to the recipients of their services. She adds that society has a right to expect competency from its caregivers and clearly sees continuing education as a way of accomplishing this. She also sees the Masters degree as providing the foundation for Doctoral study and indeed nurses with Masters are proceeding to study at Doctoral level (Stavropoulou and Biley 1997).

2.5.7 Postgraduate Doctorates

As indicated earlier, the need and demand for Doctoral education for nurses in the US is well established. However as Lash (1987:221) pointed out, there was a view that nursing did not have a sufficient body of knowledge to embark on Doctoral education and that there was a lack of clarity about the form Doctoral education should take. The outcome of the deliberations on this was two types of Doctoral programmes, research and professional. For some time also there has been concern about the narrowness of professional education in nursing in the US. Because of the range of disciplines drawn on by nursing and their expanding knowledge base and the need for them to operate in an increasingly complex society Sakalys and Watson (1986) have marshalled the arguments for professional education to commence at postgraduate level. Case Western Reserve University in fact offers a pre-registration nursing programme at Doctoral level (Lash 1987). The issue of Doctoral education for nurses is part of a much more complex debate about nursing preparation in general, the level the expected outcomes, the broader contribution of nurses alongside other health care professionals and the affordability.

It is interesting that some nurses in the UK held a conception that there was a paucity of nursing knowledge to support undergraduate teaching (McFarlane 1987). If this is true it is probably why the progress to Doctoral studies is slower in this country.

In the UK until recently nurses obtained Doctorates through research – PhDs. In the US nursing doctorates are taught, although some are called PhDs and there are various other nomenclatures for Doctoral programmes followed by nurses. The PhD is considered to be an academic qualification whilst the others are regarded as professional (Lash 1987). The first taught Doctorate in the UK was offered by the University of Ulster with the first students proceeding to Doctorate study in 1995. This is described as an integrated postgraduate programme with three exit points, a Postgraduate Diploma in Advanced Nursing or Midwifery, a Master of Science in Nursing or Midwifery and a Doctor in Nursing Science (Boore 1996:620). Commencing October 1999 the

University of Wales Swansea admitted its first intake on its Doctorate in Nursing Science programme and, given the popularity of this no doubt other establishments will follow suit.

2.5.8 The education practice interface

The developments towards Doctoral education for nurses both in the US and in the UK has happened in parallel with the move towards more comprehensive education at the Bachelor level albeit in the UK in much smaller numbers and with a considerable time lag. Dore (1997:5-6) has generated linked concepts of "*educational inflation*" and *qualification escalation*" whereby as the supply of people with enhanced qualifications increases employers raise the level of qualifications expected from job applicants. This may explain the influences on qualified nurses regarding their decisions to study for further educational qualifications from the time of qualifying, up to and including Doctoral studies.

Germain et al (1994:117) reported that Doctoral programmes in the US had reached 54 in 1993. Those holding doctorate qualifications in both countries are predominantly involved in nursing education both in teaching and research. This would seem to be logical as the production of graduates at all levels requires someone to teach them. In order to teach at this level it is not only necessary to be equipped with the knowledge and skills to underpin the teaching but also to be able to conduct research. Draper (1996) believes that nurses will attract greater credibility from the academic community if they are trained at this level. Furthermore those with doctorates are more productive researchers (Kohlenberg 1992, Collins 1993, McMahon and Kitson 1997).

As indicated earlier, a Doctorate is seen as the academic currency that is required for nursing faculty. This is consistent with Dore's (1997) notion of "*qualification escalation*" which entails demands for increasing academic qualifications. It could be argued that in the UK this is a consequence of moving nursing education into higher education. The majority of holders of doctorates are employed in an educational setting, however, there is a growing recognition of the benefits of having Doctoral-qualified nurses in clinical practice. Dore (1997:5) attributes the escalation of qualification to the mythical belief that education improves people. Whilst there is an expectation of improved performance (mythical or factual) there is also the need to progress nursing knowledge and research nursing practice. Jones (1994) writes of new opportunities being available for nurses with doctorates. One such opportunity described by her is the creation of a fellowship to implement the role of a nurse scientist in the perioperative setting. This post was seen as drawing on the advanced nursing knowledge, ability to construct practice-based theory and expertise in research methodology and design that are attributed to Doctoral preparation.

Sullivan and Foltz (1997:5) report a downward trend in the number of schools of nursing in the US with a consequent decrease in need for nurse researchers with doctorates in academia. Because of changes in the, context and demands of health care delivery in the US these authors see a different need for nurse researchers that is, in clinical practice. Because nursing education based in higher education in the UK is in its infancy the situation is different here. It is likely that there will be continued pressure on nurse lecturers to progress their education to Doctoral level and that this will be the academic currency in nursing education in the UK for some time to come. This does not preclude the academic advancement of nurse clinicians in this country alongside that of their academic colleagues.

Starck et al (1993:212) argue for a congruence between the nurse education and shifting health care paradigms and emphasise the need to prepare clinical leaders and produce advanced or expert practitioners which Doctoral preparation will support. This could present a challenge to nursing education in terms of whether or not it has teachers with the knowledge and credibility to achieve this. This is on top of the challenge to have adequately prepared academic staff to teach at undergraduate and Doctoral level. Margolius and Sneed (1999) identify a problem in respect of having Doctoral-prepared faculty who are also nurse practitioners. These authors describe a re-training response to this whereby the teachers undertook nurse practitioner training. In-service education is one way of achieving a match between the knowledge and skills of the teaching staff and the changing demands of nursing education, but it is not without its critics. However, Dattilo (1991) found that the outcomes between in-service and external Doctoral-preparation of staff were not significantly different. This is encouraging because it is a feasible way of promoting the academic and professional development of nurse lecturers which is an essential requirement before academic and professional programmes of study can be offered more widely and with credibility.

Boore (1996) supports the need for advanced practitioners at Doctoral level in the UK. There is a connection between advanced practice and enhanced patient care (Collins 1992, Boore 1996, Sullivan and Foltz 1997) and the development of the knowledge base of nursing (Collins 1992, Germain et al 1994, Boore 1996). This is amplified by Collins (1992) who argues that at this level the research undertaken will develop the knowledge base and thus advance the science of nursing but that this needs to be not only aimed at improving practice but also validating it. Furthermore, the advanced practitioners influence on patient care can be direct or indirect through demonstrating to consumers of health care that they are competent to practice as well as designing or influencing systems of care and health policy (Starck et al 1993). A big challenge for the educationalists certainly in the UK is to respond to this by including in their establishments credible researchers, teachers and advanced practitioners but also to work closely with the policy makers and providers and possibly even the consumers of care.

2.5.9 Professional development and care delivery

Developing a body of nursing knowledge could be construed as being valuable in two ways, through underpinning care delivery and through establishing nursing as a discipline worthy of professional recognition. It could be argued that these are not mutually exclusive in that professional recognition of nursing by others and the parity of esteem, credibility and being enabled to make a full contribution that would go with that will be paramount in enhancing patient care. The co-existence of academic and professional Doctoral programmes in the US was meant to develop the body of nursing knowledge through the PhD and to advance nursing practice through the professional doctorates. Presumably it was expected that those with PhDs would follow an academic career path and those with professional Doctorates a clinical path. Lash (1987) is concerned that this differentiation has not happened. One of the problems appears to be that despite the differences in title there is considerable overlap in the curriculum content and also in their objectives, which according to Lash (1987:224) is unavoidable, but that these were meant to result in different ends. There is an expectation that those with academic Doctorates should be active in research and produce new knowledge, and those with professional doctorates should apply this knowledge in practice. A consequence of the Doctoral programme similarities, has been that those with professional Doctorates have embarked on a career path in teaching rather than in clinical practice. Thus both clinical practice and research have benefited less than could have been hoped.

Undertaking research, producing new knowledge and applying this to the practice of nursing would clearly enhance the credibility of nursing and thus its status as a profession. Gurney et al (1997:169) say that nurses believe that nursing is a profession but that others do not support this. In their work on the job satisfaction of nurses holding Doctoral degrees they found that "*Doctorally-prepared nurses behave according to the professional model*". This finding was based on their use of the Price-Mueller model (Mueller et al 1994). Christman (1977) writes of nurses' lack of academic credibility and failure to attain parity of esteem with other disciplines. He argues that nursing needs an education system designed to achieve excellence in service, education, consultation and research but states that this must be grounded in the clinical nursing care of patients. He attributes the lack of professional recognition largely to the lack of Doctoral preparation and argues that the research outputs from nursing Doctoral programmes will benefit patients and nursing practice will be enhanced.

This will surely only happen if nurses are demonstrably competent in research and practice and can demonstrate real improvements in patient care and that their professional standing is not merely professional aggrandisement. They should do this through satisfying the call for them to

demonstrate that their practice is evidence based. Merely having a doctorate it would seem is not enough.

2.6 CONCLUSION

It could be construed from this literature review that nursing is moving almost by stealth to become a predominately graduate profession. This covers the full spectrum of programmes from Bachelor's degrees to doctorates. The situation in the US is that it is ahead of the UK in the progress that it is making particularly with regard to the postgraduate preparation of nurses but there are similar drivers in both countries. The major one is the need to provide a workforce that can deliver optimum care in the context of changing economic, technological, political and social circumstances. Graduate education is seen as a vehicle for advancing nursing as a profession with parity of esteem with other health care professionals and professional recognition from policy makers and patients and their families. It is envisaged that it will do this through an increased knowledge base, enhanced intellectual skills, communication and negotiation skills and enhanced personal confidence and self esteem. Nurses need to be influential not only in improving direct patient care but also in influencing policies and the contexts of health care delivery.

Like any evolving profession, nursing is experiencing a 'messy phase'. There is confusion as to whether it can achieve its professional goals through Bachelor education or whether it can only fully achieve them through the outcomes of Masters and Doctoral studies. There is consensus in the literature on the need to develop a robust body of knowledge which necessitates study at Doctoral level and beyond, but that the products of nursing research should be beneficial to health care and health care delivery. There is an apparent schism regarding the researcher role and the practitioner role and the form of educational preparation needed. What has not been well addressed in the literature is the interface between these. There is also little recognition of the interface between undertaking research and applying it. The application of knowledge is a very sophisticated process. To expect practitioners to apply research findings without having a robust body of knowledge about research and research skills is unrealistic. This is not to say that all nurses should be educated to Doctoral level. Perhaps nurses in the future need to work in teams incorporating academic nurses, advanced practitioners prepared at Bachelor, Masters and maybe even Doctoral level, as well as other more neophyte practitioners and researchers with a range of knowledge and skills. Maybe this is unrealistic but it is something to strive towards. This would take the research right into practice and involve people with a range of expertise and ability and would make evidence-based practice a reality.

A further challenge is having the educational infrastructure to achieve this. There is a clear need for a team approach in education also, with probably the same eclectic mix of faculty to achieve

the educational goals. The divide between education and practice needs to be bridged. There is a clear indication that some crossover between educationalists and clinicians would facilitate this.

CHAPTER THREE

RESEARCH DESIGN

INTRODUCTION

This chapter focuses on the research design and the underpinning methodology and methods of data collection and analysis that served to give an understanding of the phenomenon being researched. It is qualitative research within the philosophy of phenomenology but more explicitly draws on the theoretical approach concerned with interpretation, that is, hermeneutics. The work of Hans-Georg Gadamer (1975) has had a particular influence. This chapter provides an outline of phenomenology, hermeneutics and those aspects of Gadamer's work that are relevant to the research and the rationale for adopting this approach. It also describes the research context, provides a profile of the participants, and discusses the researcher's role and ethical considerations. It describes the methods of data collection and analysis and discusses the strengths and limitations of the study.

3.1 THE RESEARCH PERSPECTIVE

The object of this research was to develop an understanding of the impact of undergraduate and postgraduate education on the lives and practice of nurses. A pivotal factor in the success or otherwise of a research project is the choice of an appropriate methodology. This is made difficult by the broad range of methodological options for the researcher to choose from. A deciding factor is the research question.

The research questions identified on page three are clearly focussed on ascertaining the lived experience of the nurses featured in this research. Through a process of reflection as the research was progressing the initial questions proposed for this research were modified slightly to make them more explicit. However, they retained their focus on the lived experience and are reiterated here as follows:

- What experiences and conclusions about them are reported by nurses who have studied at undergraduate and/or postgraduate level?
- What are the values that these nurses place on their undergraduate/postgraduate studies?
- What are the effects on their lives and practice of undertaking this educational experience?

Phenomenology is described by Holloway (1997:116) as a philosophical approach which studies phenomena and human experiences and, as it is the nurses' descriptions of their lived experience that the researcher is interested in, it seemed apt to adopt a phenomenological paradigm for this research.

Phenomenology is a philosophical approach but has also been used as a method, to explore the 'lived experience' of people (Holloway 1997:116). However, enlightenment about the 'lived experience' of subjects is underpinned by both the philosophical nature of phenomenology and its use as a method (Creswell 1994:12). As a philosophy, phenomenology has its origins in the work of Franz Brentano in the latter half of the 19th century (Rizzo Parse et al 1985). However it has many forms and has engaged theorists such as Husserl, Heidegger, Schuler, Sartre and Merleau-Ponty (Nieswiadomy 1993). From a philosophical perspective, of particular interest in this research, is the approach that has been developed by Martin Heidegger (1962) and more particularly, that of his former student Hans-Georg Gadamer. As a method, uncovering the meaning of the experiences of the subjects is achieved through the analysis of their descriptions of the phenomenon being investigated, the intention being to reveal the phenomena without recourse to prescriptive predictions (Rizzo Parse et al 1985). According to Moustakas (1994:26 citing Heidegger 1977) the word phenomenon is Greek in origin and means -*"to bring to light, to show itself in itself"*.

Phenomenology has proved to be popular with nurse researchers who generally choose to adopt the approach that draws on the work of either Husserl or Heidegger or less often on the work of Gadamer. Although the work of Husserl and Heidegger has a common origin, their work is very different (Paley 1998). Annells (1996) describes the Husserlian perspective as objectivist and the Heideggerian perspective as essentially subjectivist. The Husserlian perspective is one in which phenomena (phenomena being the perceived experience of things) are as they appear through observation and experience, with any preconceptions stripped away. In this, the task of the phenomenologist is to arrive at a clearer understanding of the phenomena by a conscious suspension of preconceptions, a process known as 'bracketing' or the phenomenological reduction (Schutz 1971:104). Heideggerian philosophy describes an interaction between experiences and reflecting about them. Husserl's work is essentially epistemological or about knowing, Heidegger's work is essentially ontological or about the nature of existence where life is not lived through knowing the world but by experiencing it (Thompson 1990:234).

Husserl's work has been described as a transcendental phenomenology (Moustakas (1994) whereas Heidegger's approach whilst seen as an extension of this, led to the evolution of hermeneutic phenomenology (Thompson 1990), hermeneutics being a theoretical approach concerned with interpretation. Bruns (1992:1) offers a definition of hermeneutics as a tradition of thinking or reflection to clarify understanding – what it is to make sense of things including human actions.

The choice of hermeneutic phenomenology as a philosophical perspective was deemed as the most appropriate to enable the lived experience of the participants to be understood. Hermeneutics starts with questions of interpretations and is explained by Heidegger as an interaction between interpreter and text that is part of the history of what is understood (Audi ed 1995). In an attempt to unravel the complexity of hermeneutics reference was made to the work of Koch (1999:30) who refers to Heidegger's (1927) suggestion that 'life is like a text'. She posits that 'the purpose of the enquiry is to understand the text'. She goes on to explain that *'text'* is the written word, our observations of the world and the subjects' stories and that *"interpretation is laying out one's comprehension of a text"*. This type of hermeneutics thus enables us to understand what it is like for people to live their lives.

Notwithstanding the differences, there is interconnectivity between phenomenology and hermeneutics. It could be argued that adaptation and evolution of theoretical approaches is a legitimate enterprise. As previously stated, Heidegger developed the ideas of Husserl, and Annells (1996) explains that Gadamer restated and adapted Heidegger's ideas.

The researcher does not have a strong background in philosophy and this research cannot be viewed as a Gadamerian hermeneutic approach. However, the work of Hans-Georg Gadamer has had a particular influence. According to Holloway (1997:88) in the process of interpretation Gadamer claims that interpreters construct or reconstruct history through an inevitable interaction between the 'text' and the interpreter. Gadamer sees understanding and interpretation as being intertwined with each other. He describes a *'fusion of horizons'* which puts the experience of the subject in the context of his or her history and an evolving present combined with the self-reflection of the interpreter.

> *"Interpretation...the act of understanding itself which is realised not just for the one for whom one is interpreting but also for the interpreter himself..."*
> (Gadamer 1975:358)

Gadamer shares the Heideggerian notion of the cyclical process or *'hermeneutic circle'*. The text is understood in the context of its generation, and the text itself provides an understanding of its originator and context. Furthermore, the researcher enters this cyclical process and becomes part of it. Gadamer emphasises the relationship of understanding to the cyclical process as follows:

> *"Fundamentally, understanding is always a movement in this kind of circle, which is why the repeated return from the whole to the parts, and vice versa, is essential."*
> (Gadamer 1975:167)

Moustakas (1994:10) suggests that in this circular process the pre-judgements of the researcher are changed and lead to different pre-judgements and different pre-understandings that are constantly

revised.. This approach fits with the mind set of the writer who has difficulty in accepting the notion of separating or bracketing her own experience and interpretation of the findings.

Many hermeneutic thinkers use the metaphor of the '*hermeneutic circle*', whereas the metaphor '*fusion of horizons*' is peculiar to Gadamer. Like Husserl and Nietzsche, Gadamer defines horizon as "*the range of vision that includes everything that can be seen from a particular vantage point*". (Gadamer 1975:269). For Gadamer the coming together of these vantage points is articulated as 'the fusion of horizons' and constitutes understanding. Implicit in this is a recognition that individual horizons are not eliminated or all differences eradicated. Understanding is not about seeing things from another's point of view but about being open to their perspective and being prepared to be influenced by it (Thompson 1990:246).

3.2 THE RESEARCH CONTEXT

This research was conducted in the School of Health Science at the University of Wales Swansea. In 1992 three colleges of nursing, together with an existing small unit offering undergraduate education for nurses based at the university, amalgamated to form the Mid and West Wales College of Nursing and Midwifery. Following subsequent mergers with the Centre of Health Informatics from the University College of Wales Aberystwyth and the Centre of Philosophy in Health Care and a Medical Physics unit based at the University of Wales Swansea, it became the School of Health Science. The School has a remit to provide programmes ranging from those leading to the award of a higher education diploma to post-Doctoral studies. It has 1400 whole time equivalent students, 700 of whom are pre-registration nursing students. The majority of the remainder are qualified nurses. The researcher holds a senior position in the School.

It was intended that the research design for this study would be emergent, with an initial focus of inquiry with an initial sample which would be refined by the ongoing process of data collection and analysis as described by Lincoln and Guba (1985). In theory this meant that it would not be possible to determine the sample size at the outset. This research is for a Doctoral dissertation that has to be completed within a finite time frame. Therefore, some limitations were inevitable in relation to the sample size. Maykut and Morehouse (1994) indicate that it is legitimate to curtail the sample size where there are resource constraints. It transpired the sample size for the interviews was greater than anticipated and the sample for the focus groups was smaller than anticipated.

The sampling technique that was used in this study was consistent with that advocated by Maykut and Morehouse (1994), whereby a sample is built up of people who can provide data that will yield the greatest understanding of the phenomena being studied. To satisfy this the subjects were all

registered nurses that are undertaking or have undertaken undergraduate or postgraduate programmes of study. They were predominantly clinicians, researchers or managers and all had a link with the School of Health Science at the University of Wales Swansea. The majority was self-selected following presentations giving a brief outline of the proposed research, with opportunities provided for any further information required. A small number were recruited through being informed about the research by teaching staff in the School, who had been briefed about the research, followed by a meeting with the researcher for further clarification. They were given the choice of whether they wanted to be interviewed or participate in the focus groups. Care had to be taken in the recruitment process to enable the prospective participants to make an informed choice as to whether or not they would take part in the in the research. A further consideration, if they chose to be involved, was not to give them information that would influence their judgements about the phenomena being investigated.

3.2.1 The research participants

3.2.1.1 Profile of the interviewees

Sixteen nurses were interviewed in face-to-face interviews. Twelve were female, four were male. Their ages ranged from 29-58 with a mean of 44.5. The majority of them were married with children aged from 6 to grown up. Some of them had grandchildren. Only two of them were studying full time. All of them experienced some form of stress from combining study with work and social/family life, and many of them were in dual-career family situations.

Six of the informants were working in clinical areas, three in hospitals and three in the community. Another two were undertaking specialist roles. Three of the subjects including the two full-time students were fulfilling a research function. Two were involved in training, one in the private sector. Three of the subjects were middle/senior managers. Two of the participants had been enrolled nurses. Both of these were in fairly senior positions.

Seven of the informants were studying for a BSc in Nursing, three were studying for an MSc in Nursing, four were studying for a PhD and two were on the Doctorate in Nursing Science programme.

The age they left school ranged from fifteen years to nineteen years with an average of seventeen. The education qualifications obtained ranged from 1 'O' level (or equivalent) to 10 'O' levels with an average of 6. Five had studied at 'A' level, three of whom had been successful in gaining 2 or 3. Some of them had obtained their educational qualifications at evening classes or at a further education college. One of them had undertaken the D.C. test to gain entry into nursing. Five of

them had attended a pre-nursing course prior to entering nursing. Comments such as *"I was not a very good student"* or *"I was not really interested in school, not that I don't think I was capable"* were offered as an explanation for level of attainment.

There appeared to be no relationship between educational qualifications and occupational position although the more junior positions were held by those of a younger age.

Their previous academic studies included the following:

> HE Diploma in Health Management, Community Health Studies and District Nursing.
> First degrees with the Open University, first degrees in Theology, Nursing, Applied Pharmaceutical Chemistry and a BSc(Econ) in social science.
> Masters in Public Sector Management, Quality Management, Community Care Studies, Business Administration, Health Care Management.

Data were collected in telephone interviews from three other informants. Two were female one was male. Their ages ranged from 46 to 54 years. One did not have children; the others had grown up children, only one of whom was living at home.

The three informants had all occupied senior positions. One had returned to clinical practice, the others both had project development roles, one in nursing education and the other in nursing practice. All of them were studying for Doctoral degrees on a part-time basis.

Two of them were in full time education until the age of sixteen and one until eighteen. Their educational qualifications comprised twenty 'O' levels between them. All of them had Bachelor degree qualifications, two in education and one in health studies. Their post-graduate qualifications comprised:

> MAs in Ethics (health and applied social care), an MA in legal aspects of medical practice and an MEd.

3.2.1.2 Profile of the focus group members

There were two focus groups. One comprised five people, three female and two male, all studying for an undergraduate degree in nursing. The other comprised five people, four female and one male, all studying for a Masters in nursing.

The age of the focus group members ranged from 35 to 52 years with an average age of 40 years. They had all been married, two were divorced. They each had between one and three children. One was a staff nurse, three were ward/unit managers, four were specialist nurses and two were middle managers, one in the hospital and one in the community.

Their educational qualifications ranged from 12 to 2 'O' levels with an average of 5.3. Three of them had 3 'A' levels and one had 2 'A' levels. Two of them went to secondary modern schools; the remainder had a comprehensive education. Only three of the five in the MSc nursing focus group had Bachelor degree qualifications, so for two of them this would be their first degree.

Table 3.1 Profile of participants

Participant category	Gender	Age	Marital status	Dependent	Occupation	Educational qualifications	Academic qualifications	Graduate status
Interview 2	female	53	married	2 children	Community Nurse Manager	5 O levels		BSc student
Interview 3	female	37	single		Education/training	5 O level equiv.		BSc student
Interview 5	female	29	married		Specialist Nurse	5 O levels		BSc student
Interview 7	male	37	married	1 child	Charge Nurse	5 O levels		BSc Student
Interview 12	female	49	married	2 children	Community Nurse/Teacher	10 O levels		BSc student
Interview 13	female	36	married	2 children	Ward Sister	8 O levels, 1 CSE, 3 A levels		BSc student
Interview 14	female	39	married	2 children	Community Nurse	5 O levels		BSc student
Interview 9	female	43	single		Senior Nurse	5 O levels, 3 O level equiv.	BSc Nursing	MSc student
Interview 10	male	47	married	1 child	Specialist Nurse	2 O levels		MSc student
Interview 11	male	47	married	2 children	Specialist Nurse	9 O levels 2 A levels	BSc	MSc student
Interview 17	female	47	married	2 children	Senior Nurse	3 O level equiv	MSc	Doc. Student
Interview 8	female	54	married	2 children	Senior Nurse	8 O levels	BA, MBA	Doc. Student
Interview 4	male	58	married	2 children	Full time student	5 O levels	MSc,MSocSc	Doc. Student
Interview 6	female	42	single		R & D Officer/R Asst.	5 O levels	MSc	Doc. Student
Interview 15	female	51	single		Full time student	5 O levels	BA, MSc	Doc. Student
Interview 16	female	47	married	2 children	Part time teacher	7 O levels 2 A levels	BSc	Doc. Student
Tel Int 1	male	46	married	1 child	Management (education)	5 O levels	B.Ed MA	Doc. Student
Tel Int 2	female	54	married		Midwife	8 O levels	B.Ed MA MSc	Doc. Student
Tel Int 3	female	48	married	2 children	Senior Nurse	7 O levels	BSc, M.Ed	Doc. Student
Focus Gp 1	male	35	married	3 children	Charge Nurse	12 O levels 3 A levels		BSc student
Focus Gp 1	male	37	married	1 child	Charge Nurse	5 O levels		BSc student
Focus Gp 1	female	36	married	2 children	Sister	8 O levels 3 A		BSc student
Focus Gp 1	female	52	divorced	1 child	Community Nurse/Teacher	2 O levels		BSc student
Focus Gp 1	female	43	married	3 children	Staff Nurse	2 O levels		BSc student
Focus Gp 2	female	45	married	3 children	Community Nurse Manager	3 O levels		MSc student
Focus Gp 2	female	35	married	2 children	Senior Nurse	6 O levels	BSc Nursing	MSc student
Focus Gp 2	male	47	married	2 children	Specialist Nurse	9 O levels 2 A levels	BSc	MSc student
Focus Gp 2	female	38	married	2 children	Specialist Nurse	5 O levels		MSc student
Focus Gp 2	female	39	divorced	2 children	Specialist Nurse	10 O levels 3 A levels	BN	MSc student

3.3 THE RESEARCHER'S ROLE

There are two aspects to the researcher's role in this study that need to be considered. The first is that the researcher is a senior member of staff in the department in which the research was conducted and she knew some of the subjects prior to the research. This could potentially give rise to problems associated with insider research. The second centres on the choice of an approach strongly influenced by Gadamerian hermeneutics, whereby in the process of arriving at an understanding of the lived experience of the participants there is a strong interface between the researched, the researcher and the data generated.

The researcher, as an insider researcher, was familiar with the history and culture of nursing education and shared a common knowledge and language with the participants. This has implications in making sense of the data, as it is through words (and therefore, the language) that people create their worlds and relate their experiences (Maykut and Morehouse 1994:18). As a senior member of the School, it could be construed that this might be intimidating for some of the participants, especially those who had qualified as nurses more recently and who were undertaking their undergraduate degrees. For those participants with whom the researcher had a professional relationship there might have been a reluctance to disclose personal information albeit that it was of direct relevance to the research. In practice this proved not to be the case. The interviews were relaxed, a rapport between the researcher and researched was established without difficulty and a great deal of interest and enthusiasm was shown with regard to the research together with trust and confidence in the researcher. The same was true of the focus groups where in addition to interest and enthusiasm there was some humour. One of the focus groups had to be curtailed due to the time available and the members of this group wished to reconvene to address the outstanding issues. This is offered as an example of the measure of their enthusiasm for the work and the rapport of the group.

Introspection and reflection are mental activities inherent in all aspects of the research process. In engaging in these activities the researcher has a fundamental relationship with research involving human subjects. Maykut and Morehouse (1994:20) argue that qualitative researchers are not outside the research process as impartial observers and that the researcher and researched are subjected to the same constraints in understanding the world. To understanding this world people construct their own social worlds based on interaction and communication with others (Holloway 1997:145). The fact that individuals see the world differently suggests that the researcher has a different understanding from each of those being researched. In opting for a hermeneutic approach to the design and conduct of this research, the researcher chose a particular way of making sense of these different perceptions and engaged with the participants and data to do this.

3.4 ETHICAL CONSIDERATIONS

3.4.1 Ethical principles

Although this research does not involve patients it was conducted in the spirit of the six ethical principles identified by the International Council of Nurses (ICN 1996). These are beneficence, non-maleficence, fidelity, justice, veracity and confidentiality. In this research beneficence was seen as synonymous with doing good, non-maleficence meaning without harm, fidelity meaning adhering to the truth and veracity as acting with honesty. In accordance with Mason (1996) ethical concerns were seen as a very important part of the research design and conduct of the research.

When there are small numbers of participants it is difficult to maintain anonymity (Ford and Reutter 1990). Mason (1996) concurs with this and also says that it is more difficult to maintain confidentiality and privacy in qualitative research because of the nature of the data used. She also draws attention to the relationship between the researcher and the researched, which evolves into one of confidence and trust. She signals that because of these factors, qualitative researchers have to develop an ethical base throughout their research practice and constantly need to be aware of the ethical dilemmas that face them.

In this research where participants were engaged in exposing aspects of their lives and experiences and where it was necessary to put them at their ease to enable them to do this, there was need for constant reflection about the ethical implications on the part of the researcher. This reflection concerned the design of the research in terms of its fitness for the purpose. It was also concerned with the merits of encouraging personal exposure, enabling the participants to avoid answers if they were felt to be too personal or sensitive, tactfully steering them away from personal exposure that was not relevant to the research and identifying and remedying any re-lived painful experiences. It was also about transcribing and recording with honesty at the same time excluding any data that might lead to recognition of the participant. It was also envisaged that the research would contribute to the pool of knowledge and would not cause any harm to the participants.

3.4.2 Consent to participate

It is important in any research that the participants are fully aware of what they are being asked to be a part of including the dangers and obligations involved and that the risks and gains for them are balanced. Thus they are protected from harm and their consent to participate is informed Bogdan and Biklen 1992). They should also feel absolutely free to refuse to participate without prejudice.

However, obtaining informed consent is complex. The participants should not only know what they are giving consent to but should know what rights they have, like being able to withdraw their consent at any stage. It is argued that they should also understand what constitutes data and what rights they are giving to the researcher, for example in deciding how the data will interpreted and used. The researcher should also be mindful of the persuasive influences exerted on potential participants (Mason 1996).

In this research it could be construed that, as the researcher is a senior member of staff in the school to which the potential participants are associated, they might feel compelled to participate. The researcher prior to the research being conducted knew seven of the participants. To overcome this possible difficulty the research question, the aims and objectives of the research and the research approach that was to be used were disclosed to potential participants. They were invited to make contact with the researcher if they were interested in participating. All of the participants had some knowledge of research methodology and research methods but most of them had little experience in participating in or conducting research. Many of those that chose to be involved spontaneously disclosed that, apart from their interest in the topic of the research and their general interest in research, they had wanted to experience either being interviewed or being involved in a focus group. Many of them stated after the interview that they had enjoyed the experience. This gave the researcher some confidence in the way that the research was conducted.

Informed consent is not only something which is given at the outset of the interviews, but needs to be revisited during the conduct of the research (Mason 1996). After agreeing verbally to take part in the research, the participants were, prior to the commencement of the interviews and the focus groups, again given information about the research and asked if they still wished to participate. On the rare occasions where there were indications that they were re-living painful experiences during the interviews, they were given time to recover their composure and asked if they were happy to continue. Post interview a representative sample of the participants were given transcripts of their interviews for authentication and asked if they wished to change anything and if they were happy for the material to be used. They all concurred.

3.4.3 Ethical approval

Some of the participants in this research are full-time students but the majority was studying part time with the School of Health Science at the University of Wales Swansea. After consultation with the members of the School's Ethics Committee it was decided that it would be appropriate for ethical approval to be sought to carry out this research from this committee. The committee was provided with the aims and objectives of the research, a background and justification for the study, information on the research design including details of the proposed subjects and storage and

disposal of data, together with details relating to the proposed ethical conduct of the research. Approval to undertake this research was granted in November 1999.

3.5 DATA COLLECTION METHODS

As stated previously, the nature of the research question determines the philosophical approach most appropriate for addressing this question. The philosophical approach in turn determines the choice of data sources. A phenomenological investigation inevitably entails face-to-face data collection with subjects. However, it does not preclude the use of literature also as a data source, although there are mixed views regarding this. Creswell (1994:21) states that in phenomenological research, the literature should be used to set the stage for the study. He does however, suggest that qualitative research is exploratory in nature and that not much will have been written about the topic or the study population. He indicates that the product of the research is based on the experience of the informants and that the literature should not direct the questions asked by the researcher. Moustakas (1994:111) advocates reviewing the literature to identify previous studies, methodological approaches and findings relevant to the reviewer's own work. This will give direction to the research in terms of seeking new knowledge. Initial doubts as to the advisability of conducting a literature search prior to undertaking this investigation because of developing pre-conceptions were overcome. In this study the literature helped in the formulation of a theoretical framework relevant to the current state of knowledge. It was also used to provide a framework for the interview and focus group guides and in comparing and contrasting the findings from this study.

Two other main sources of data were identified as the most feasible for achieving the aims and objectives of the study. These comprised qualitative interviews – both face-to-face and by telephone, and focus groups.

3.5.1 Interviews

The main tool for collecting data in a phenomenological study is the qualitative interview, enabling the researcher to gain insight into how the informants make sense of their experiences (Parahoo 1997). A widely accepted definition of an interview is that it is a conversation with a purpose (Dexter 1970 and Berg 1989 in Maykut and Moorehouse 1994, and Lincoln and Guba 1985). However, interviews have been variously described, as unstructured, in-depth, depth, informal, non-directive, focused and open (Parahoo 1997). It therefore, behoves the researcher to choose an approach that provides the data required to address the research question and which, is compatible with the chosen paradigm.

In the case of this research the interview approach of choice was that described by Patton (1990) as the informal conversational approach. An interview schedule (appendix one) was designed and piloted, the purpose of being to focus on issues that would enable the research questions to be confronted and to enable the interview to progress within a finite time. The interviews focused on four main areas entitled – Graduate Awareness, Graduate Experience, Interaction and Academic Studies. These were set against the participants' notions of a model of the sort of nurse, student and person they were, or aspired to be (Hoye 1996). This framework was deduced from the themes that emerged from the literature and from the researcher's own knowledge and experience related to nursing and graduate studies. The interview schedule was not sequentially or rigidly followed; it helped to guide the interview and to prompt the informants. It was also used as a tool for making notes to supplement the tape recordings. It was hoped that in using this approach the data would emerge. It was recognised that this could pose the potential problem of inconsistency between the responses of the different interviewees but at the same time that this in itself could be revealing too.

The duration of the interview was discussed prior to the interviews taking place. They were arranged at times convenient to the interviewees. They were mainly undertaken in the researcher's office, which was quiet, warm and comfortable. All of the interviews commenced with a reiteration of the nature and purpose and products of the research. The interviewees were all asked if they had any questions about the research of required any further clarification. Issues of confidentiality and anonymity were discussed. Permission was sought and given to audio tape and transcribe the interviews.

Two of the face-to-face interviews took place elsewhere. One was in the participant's office. Unfortunately there was an interruption but the interview was successfully concluded. Three of the interviews were undertaken by telephone. The researcher had the use of a room designed for undertaking multi-media research. It was equipped with a telephone and computer linked to a tape recorder. The researcher made the calls at an agreed time. The interview guide was loaded onto the computer and the researcher was able to make notes whilst the conversation with the informant was taking place. Assurances were sought from time to time to ensure the informant was comfortable and happy to proceed with the interview. These interviews were accomplished without problems. The reason why these interviews took place via the telephone was because these informants lived some distance away from Swansea. They were included in the research because of its emergent nature and the special contribution they were adjudged to make.

The duration of the face-to-face interviews was between one and one and a half-hours. The telephone interviews lasted for one hour. The interview tapes were transcribed verbatim using Microsoft Word as soon after the interviews had taken place as was possible. Hard copies of the

transcriptions were produced, and one of the telephone interview transcripts and five of the face to face interview transcripts were subsequently authenticated by the respective interviewees. They were satisfied with their accuracy and reiterated their permission to use them for the purpose agreed previously.

3.5.2 Focus groups

Focus groups are group interviews with one or more researchers and a number of participants, usually 8-12. They serve as a quick and relatively inexpensive data source. They have advantages and disadvantages along with any other form of data collection. However, a significant strength is the provision of a great deal of useful data. The participants are able to react to and develop the comments of other group members. The sharing of the group's experiences and opinions provides useful insights however; some of the members might conform to the majority view and thus affect the data (Morgan 1997). Notwithstanding this, focus groups can yield data that might not have emerged from individual interviews (Stewart and Shamdasani 1990). They can also be used to validate data derived from interviews (Parahoo 1997, Morgan 1997). These features proved to be major benefits in this study, but in addition the use of focus groups also allowed for the exploration of issues that emerged from the literature.

The focus group discussions centred on an awareness of the concept of graduate and what that entailed, how graduate studies are experienced, the interaction with nursing and other students and issues related to academic study. These broad areas reflected the coverage of issues related to nursing graduates in other studies reported in the literature. In addition the focus group members' ideas about future developments and their reactions to specific issues that had emerged from the literature were discussed. These concerned professional survival, repetition of previously learned material, professional hostility, pressure to undertake nursing specific degrees and benefits to the profession and patient care. The interviews reflected individual perspectives, whereas the focus groups were directed at the professional perspective.

A moderator usually directs focus groups. In this research the writer acted as moderator and a Doctoral student acted as an observer and gave feedback to the researcher on the interaction and the issues raised immediately afterwards. A problem in not having a moderator was that the researcher was dependent on her interpersonal skills and ability to manage the group dynamics. Previous experience in group work, albeit in teaching not research, was helpful. It also has to be acknowledged that where the researcher acts as the moderator it is difficult not to exert an influence. Morgan (1997) argues that the creation and direction of the focus group by the researcher could be construed as giving rise to uncertainty regarding accuracy. Although it had an influence on the direction and management of the group the use of a focus group guide (see

appendix 3) obviated this to some extent as did the presence and feed back from the observer. The guide was used to provide a focus for the discussion, to facilitate interaction and participation and to develop or clarify points raised in the interviews. As with the interviews, it was used as a tool for the researcher to make notes although as it transpired these were brief due to the other demands occasioned by the moderation of the groups. However, the sessions were recorded using a tape recorder (with the permission of the group members) and were transcribed using Microsoft word, as soon as possible afterwards.

There were two focus groups each with five participants. The first was undertaken in one hour fifteen minutes. The second was concluded after one hour and was subsequently reconvened for a further hour. The sessions took place in a comfortable seminar room. The participants and the researcher and observer all sat around an oval table. A number of activities were included to facilitate the interaction and encourage all members to participate. These comprised individuals drawing pictures and discussing these with the other members, and making individual lists that were subsequently shared discussed and incorporated on a flip chart. All of these materials constituted data. Permission was sought and given to use them in the research.

Prior to undertaking the focus groups, a pilot group was undertaken. It is argued that it is difficult to pilot focus groups because of the composition and complexity (Krueger 1998). It could also be argued that all focus groups are different and that what works with one might not be applicable to another. But undertaking this exercise enabled the researcher to test out and modify the focus group guide and to ascertain the feasibility of combining the researcher and moderator roles and to test the management of the group dynamics and the equipment. From this the validity of the guide and the feasibility of using this approach to address the research questions was established.

3.6 DATA MANAGEMENT AND ANALYSIS

Miles and Huberman (1994:2) state that *"phenomenology has been called a method without techniques"*. Notwithstanding this they point out that many authors are now explicating their procedures. This is surely necessary as qualitative data analysis is somewhat impoverished and as suggested in Miles and Huberman (1994) there is little guidance to protect the researcher from self-delusion and the presentation of unreliable findings. Rigour and openness in undertaking the analysis process gives credibility to the research. This section of the research includes a description of the data management and analysis process designed to achieve this.

3.6.1 Data management

Miles and Huberman (1994:307) advocate developing a data management system together with a scheme for documenting the analysis. In this research the development of a data management system facilitated the data handling process and provided a means of audit. **Figure 3.1** provides an overview of the data management process. This was useful for the management of the whole project but as Miles and Huberman (1994:239) state they enable the reader to "*re-create your intellectual journey with some confidence.*"

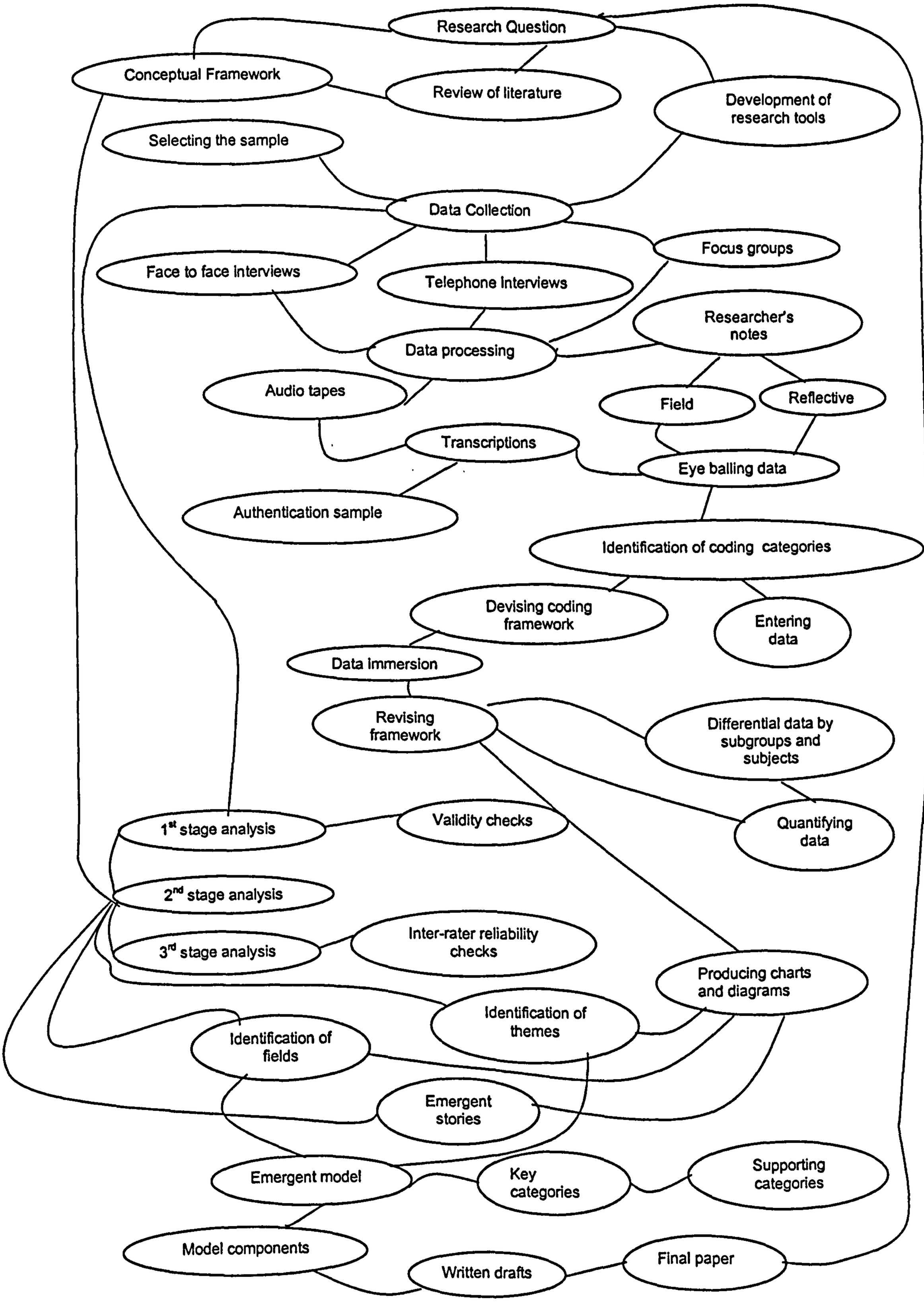
The theoretical framework for the research was not formally established at the outset, although as explained already the literature searching and review influenced this. The researcher was concerned to gain an understanding of the phenomena being studied and not set on developing a substantive theory, which brings this research firmly into the realms of hermeneutics. Whilst this acted as a philosophy or guiding principle, the actual data collection, data interpretation and data management was undertaken systematically and interactively. This is in sympathy with the interplay between the researcher and the text inherent in Gadamerian hermeneutics. Maykut and Morehouse (1994:123) posit that data analysis should be started early and be ongoing. However, Bogdan and Biklen (1992:154) point out that simultaneous data collection and analysis requires an experienced researcher and suggest drawing on the strategies of 'in the field mode' but undertaking the bulk of the analysis after data collection is complete. They do however, recognise that some 'in the field' analysis is necessary to inform the data collection.

3.6.2 The process of analysis

The analysis started with the determination of the research question and followed through with developing the research tools thus providing direction for the research, as did the interviewee/ interviewer interplay that took place whilst undertaking the interviews and focus groups. Listening to the tapes many times, transcribing the data, reading the transcripts many times prior to coding the transcripts facilitated the identification and refining of the emerging categories, fields and themes. As stated, Microsoft Word was used to facilitate the handing and management of the data. Once transcribed a sample of the transcripts were authenticated with the relevant participant and the coded data were subjected to a process of inter-rater reliability. The text, the researcher's notes, written summaries and drafts were all drawn on in the interpretative process and impacted on the findings.

Maykut and Morehouse (1994:121), whilst acknowledging that qualitative data analysis has many guises, state that it is "*a nonmathematical analytical procedure that involves examining the meaning of people's words and actions*". Given, as stated previously, that more qualitative

Figure 3.1 OVERVIEW OF THE DATA ANALYSIS PROCESS



Based on Fig 13.1 Miles and Huberman 1994)

researchers are describing their analytical procedures (Miles and Huberman 1994:2) the novice researcher has a plethora of examples of analytical steps to take to arrive at an interpretation of the participants' words and actions. Examples include Van Kaam (1959, 1996), Stevick, (1971) Colaizzi (1973) and Keen (1975), cited in Moustakas (1994). In this research the analytical process used was similar to that advocated by Holloway:

1 *ordering and organising the collected material*
2 *re-reading the data*
3 *breaking the material into manageable sections*
4 *identifying and highlighting meaningful phrases*
5 *building, comparing and contrasting categories*
6 *looking for consistent patterns of meanings*
7 *searching for relationships and grouping categories together*
8 *recognising and describing patterns, themes and typologies*
9 *interpreting and searching for meaning*

Holloway (1997:44)

The ordering and organising of the data started with the researcher listening to the tapes as soon after the interviews or focus groups as possible. The tapes were transcribed using a word processor. The data were stored on the hard disc on floppy discs and on paper in files. The data were listened to and read many times to check for discrepancies/accuracy and to familiarise the researcher with the content. The material was sorted into twenty sections related to the interview and focus group guides. An index of initial categories was formulated through a process of identifying recurring phrases or issues, and the data were downloaded into this index. As far as possible the actual words of the participants were used. This generated an index of 85 codes. At this stage these codes were discussed with an academic colleague for the purpose of ascertaining an assessment of their reliability. Following this in the process of comparing and contrasting the categories, looking for patterns of meaning this list was reduced to initially 34 codes and, after identifying related codes and grouping the categories together, 27 categories emerged. This material was subjected to a test of inter-rater reliability to ascertain that what the participants actually said was compatible with the code assigned. An inter-rater reliability score of 90% was achieved for the face to face interview material, 85% for the telephone interviews and 78% for the focus groups. The recognition of patterns and themes was concurrent with the other steps to some extent but was strongly reinforced by subjecting the data to a process of counting whereby the number of statements made by participants were recorded against the categories. Riley (1990:123) recommends counting as a means of demonstrating that the data supports the points made and indicating the importance and how common the category is among the participants. The interpretation and search for meaning was an integral part of the whole process of data management. The steps of analysis identified by Holloway (1997) are not wholly sequential as in this study they interact and overlap.

As stated previously, the interviews focused on four main areas entitled – graduate awareness, graduate experience, interaction and academic studies and the informants notions of a model of the

sort of nurse, student and person they were, or aspired to be (Hoye 1996). The focus groups also concentrated on the areas of – graduate awareness, graduate experience, interaction and academic studies but in addition covered their ideas about future developments and their reactions to aspects of the relevant literature. All of this contributed to the framework for the analysis and was part of the data management. As well as identifying academic, professional and personal parameters the framework identifies the themes and enables the tracking of the coded categories to the data source. (See Graduate Studies cognitive map. **Figure 3.2**) This map could be construed as facilitating an audit trail which Parahoo (1997) says, enables others to follow the researchers decisions, choices and insights.

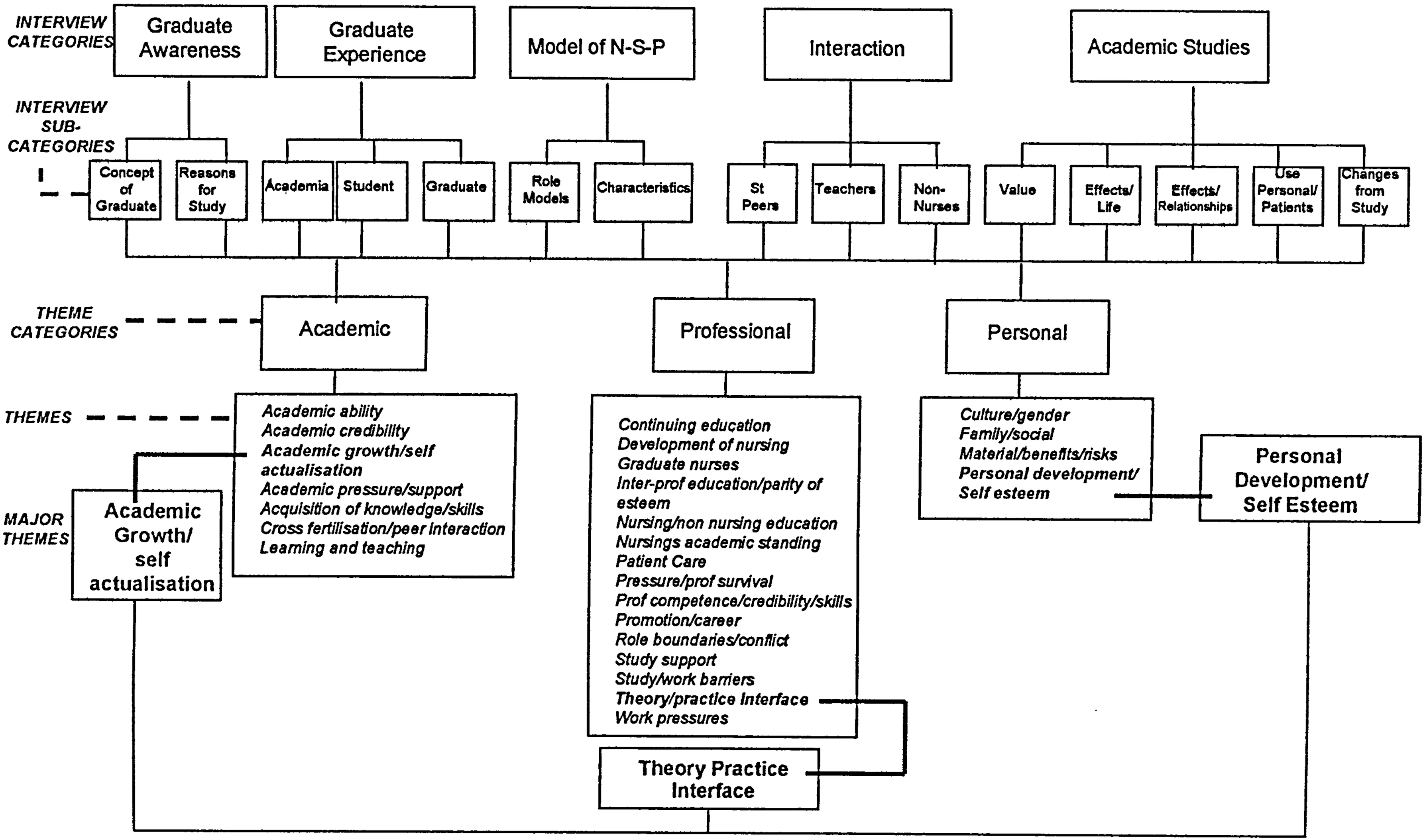
3.6.3 The influence of Gadamerian philosophy

Hermeneutics and Gadamerian philosophy were discussed briefly in section **3.1.** Thompson (1990) asserts that Gadamer's philosophy necessitates a methodological approach which is radically different from that offered by most social scientists. Thompson suggests that Gadamerian hermeneutics require the researcher to demonstrate interplay between what is said by the participants in the research and the interpretation of the researcher. She also states that hermeneutic research makes explicit the *'fusion of the horizon'* (defined in 3.1) of the researcher and researchee. Hekman (1986) describes three methodological implications, which result from Gadamerian hermeneutics. These are as follows:

- A description of the historical and cultural horizon of the participants involved in the research
- An explanation of how the researcher in the analysis/interpretation arrives at a different meaning whereby the actions of the participants are understood differently
- An awareness that the choice of a research question, situation or phenomenon is because of its perceived effect on history.

It should be noted that the researcher understands the historical and cultural horizon to mean the events and social influences that have lead to persons being who they are. In the research the respondents frequently referred to life events and the impact of gender, social class, level of education and training, as well as role boundaries/differentiation both professional and personal. The explanation of the difference in meaning arrived at by the researcher is more problematic. There was some natural synchrony of meaning whereby the researcher identified with the response given by the subject and there was a common understanding. However, the analysis of the data occurred both during data collection and at the formal analysis stage. During the interviews there

Fig: 3.2 GRADUATE STUDIES - COGNITIVE MAP



was dialogue between the interviewee and interviewer and aspects of this were concerned with elucidation of the meaning of what was being said. The following is an example of this: (The bracketed initials are the codes assigned to the participants to maintain their anonymity.)

> *Only had to do two years of the course* (degree programme), *knowing that you have the ability to do it. (UGG)*
>
> *Do you mean having the academic ability and having this verified? (Researcher)*
>
> *Yes. (UGG)*

Sometimes the participants' comments appeared to be ambiguous and conflicting and this had to be reflected on by the researcher in offering an interpretation that made sense. The following statements from one of the participants and the researcher's response to this are offered to illustrate this point:

> *I got a lot more out of talking to people on the course than I actually got out of the course. (PGJ)*
>
> *From my perspective it has made no difference to my career being on this course at all. (PGJ)*

This informant made other negative statements about the programme, which caused the researcher to wonder whether his experience of the course was affecting his judgement:

> *Failed an assignment last year. Demoralising to say the least. Didn't know what was expected. (PGJ)*

In contrast he made a number of statements that were positive. This was particularly so in the case of an enhanced understanding of research:

> *...on reflection I could probably have written what I know about research on two pages before I came on this course. And therefore, I have got much more appreciation of how difficult it is to implement it into practice than I did before. I am much more critical of what is out there masquerading as research as well. (PGJ)*

This person also spoke of a *'long lag phase'*, whereby there was gap in time between learning something and applying it in practice. This led the researcher to the idea that this person had benefited from the graduate programme but at the time of the interview he was having difficulty in utilising the knowledge gained. Many examples were given of this. But maybe for him and others, the programme in its entirety was not useful or well delivered.

The interplay between what is said by the participants in the research and the interpretation by the researcher, which was identified by Thompson (1990) as being so necessary in Gadamerian hermeneutics and which was referred to earlier, is illustrated in the following passage from one of the focus groups:

> *(FG1) Could we talk about the use of knowledge and skills (researcher)? You have always got restraints. You can go into the work place but there are always barriers (informants).*
>
> *How does this relate to the degree? Would it be better if you didn't do the degree then you wouldn't have to worry about it? (Researcher)*
>
> *Laughter. (Informants)*
>
> *You know how things can be bettered. Whether you can better it is a different...the practice of reality. Want to get the knowledge to improve the care you give to the patient but at the end of the day its often the patient that prevents you from using it because you are so busy looking after them that you just get in and do what you have to do. A course centred on crisis management and how to get the best use of your team with minimum resources that would be far more suitable. (Informant)*
>
> *Doesn't it do that though, because what you have said here is about being more probing, being more analytical. It sounds to me as if you are acquiring more than just knowledge and information something is happening in your heads. (Researcher)*
>
> *I wish I had put in the positive things (*an exercise carried out earlier*) that it does structure your thinking. Definitions, arguments you think that you can apply to direct care as well as to management issues. I find it formalises your thinking more. It gives you the incentive to get around it* (problems) *whereas previous to that you wouldn't even go beyond the probing stage. You accept lots of situations because that is the way it is. But this* (graduate studies) *gives you the ability to think...well no it doesn't have to be that way and because of the extra knowledge you have to find a way around it. (Informant)*

This passage serves not only to illustrate the interchange between the group and the researcher, but also demonstrates that the interpretative process is operating throughout the research and not only in the formal analysis phase of the research. The researcher's file note on this passage demonstrates the interplay between the participants and the interpretative process:

> *(Researcher's file note) NB Above passage shows the challenge posed by intellectual growth and the desire to utilise not only new knowledge but also an enhanced thinking ability. It demonstrates the problems of what is perceived as useful for practice as well as the perceived barriers. To subject this paragraph to the reductionist approach used generally* (informants' statements broken down into short specific comments) *would lose the interaction between these things. It also illustrates the difference between one-to-one interviews and a group interview in that ideas are explored and challenged.*

A final comment is offered on Gadamerian hermeneutics. This is in relation to the third methodological implication identified by Thompson (1990) appertaining to the choice of research question/phenomena. The research phenomena being investigated namely, the effect of undertaking undergraduate and postgraduate studies on the lives and practice of nurses was chosen for this study because there is considerable debate about the desirability of nurses studying at this level. This is mainly with commissioners of nursing education but also with the profession. Also as can be seen from Chapter Two, this topic has generated considerable literature. This was of direct relevance to the researcher who is a senior member of staff in a university department where nursing programmes predominate. All of this constitutes the researcher's frame of reference or 'horizon'. Some of the research findings were discussed with the participants in the interviews and more particularly the focus groups. However, it is important to note that the participants were well aware of the debate on this issue and were cognisant with some of the literature prior to the interview and therefore, this would be a part of their 'horizons'. This will have shaped their thinking and response to the phenomena. For whatever reason they will have held a particular stance on the issue being discussed, as does the researcher who is by and large in favour of graduate education for nurses. Notwithstanding this, and in line with Gadamerian thinking, the researcher was very open to the ideas and thoughts of others and anxious to move her own position on this topic. In support of this the analysis process was carried out methodically and the data management carefully controlled and audited.

3.7 LOGISTICAL ISSUES AND METHODOLOGICAL CONCERNS

The researcher harbours a number of concerns regarding this study. The major concerns relate to completing the work in accordance with the guidance given on Doctoral dissertations in the allotted time, comprehending the underpinning philosophy and demonstrating the truth and accuracy of the work.

3.7.1 Time management

The word limit for the Doctoral dissertation is specific. This militates against an extensive investigation and precludes a full discussion of all aspects of the design and conduct of the research. A serendipitous undertaking to investigate a realistic sample size for a qualitative study as part of a Doctoral dissertation suggested a sample of around ten. The writer had anticipated some difficulty in recruiting participants for the study. This proved not to be the case, but, because of the emergent nature of the research and the desire to undertake a thorough investigation that was valid and reliable, interviewing 19 subjects and undertaking two focus groups proved to be somewhat onerous. A huge amount of data was generated and the analysis process was protracted. Because of the time constraints it was not possible to authenticate all of the data with

all of the participants therefore suggesting a lack of rigour. Notwithstanding this the researcher is confident that the dissertation reflects an honest account and provides useful insights into the phenomena being investigated.

3.7.2 Methodological issues

The researcher does not have a background in philosophy and despite extensive reading on the subject considers herself to be a novice in respect of the conduct of a hermeneutic investigation. This research being the first such undertaking, therefore, any limitations in this study may be attributable to this. However, Koch and Harrington (1998:882-883) suggest that *"what is going on in methods"*, or clarifying *"the conditions in which understanding takes place"*, is allied to Gadamerian hermeneutics which is not a prescriptive method. As indicated previously, the researcher has taken care to expose this thus lending plausibility to this research.

3.7.3 Truth, accuracy and accountability

It has been a major tenet of research that concepts such as validity, reliability and generalizability are addressed. To satisfy this in qualitative research these concepts have been borrowed largely from positivism. Koch and Harrington (1998) argue that this is inappropriate and have drawn attention to the work of other authors such as Lincoln and Guba (1985) and Hogston (1995) who have challenged this and suggested more appropriate terms. Creswell (1994) also asserts that there is no consensus on matters of validity and reliability in qualitative research. The writer concurs with these views but recognises that it is necessary to address issues of rigour and robustness and has chosen to embrace Hodgson's notions of 'truth and accuracy' instead and to demonstrate how this can be adjudged. In the event this judgement can only be exercised if there is transparency on the part of the researcher about the design and conduct of the research.

The reasons for selecting the phenomena being studied have been given, this is in accordance with the suggestion for dealing with rigour by Oiler (1982 cited in Koch and Harrington 1998) although the researcher's pre-dispositions were not bracketed as this is not in accord with the Gadamerian approach. The analytical steps described by Holloway (1997) and the Gadamerian methodological implications described by Thompson (1990) served as a framework for analysis which is another strategy for attaining rigour discussed by Koch and Harrington (1998). These authors also cite the work of Hoffart (1991), who advocates the use of a member check as a way of authenticating data, which in turn contributes to the rigour of the research as does the tape recording and direct transcribing of the interviews. In this research this was achieved and authentication was attempted through member checks of transcripts (albeit only a sample of members) and through a process of inter rater reliability. Member checking the actual analysis would have been problematic and time consuming as Koch and Harrington (1998) discovered.

According to Koch and Harrington (1998) a fundamental issue regarding the use of Gadamerian hermeneutics is the position of the researcher in the hermeneutic circle with the researcher and researched moving between shared meaning and their experience within it to enable understanding to occur. This depends on the backgrounds and pre-understandings of the researcher and researched. These authors state that a process of reflexivity and recording this in a journal makes this visible although they note that such work can be seen as self-indulgent. In this research a formal reflective journal was not kept, but reflective notes were. To counter the criticism of self-indulgence Koch and Harrington (1998) suggest that the voices of others should be incorporated in the text. The many voices in this research were from the focus group participants and the interviewees through the incorporation of very many of their comments in the text, the reliability raters and the focus group observers.

The use of so many different ways of assuring that the text is truthful and accurate could be likened to the 'belt and bracers' metaphor. Avis (1995) intimates that it is the usefulness of the research project that demonstrates the credibility of the findings however, without some assurance that the research product is truthful and accurate it could be argued that it will not be judged as useful.

CHAPTER FOUR

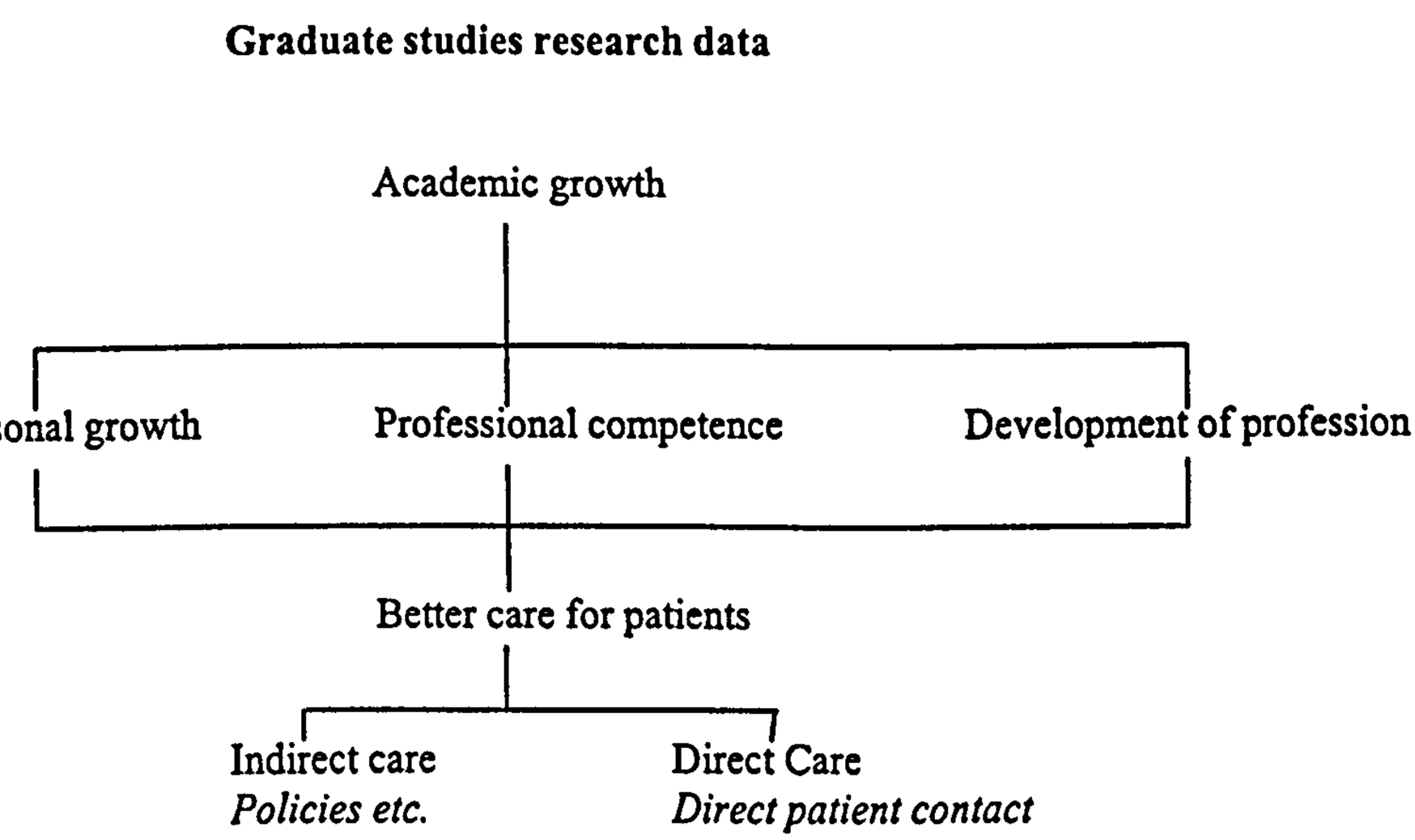
FINDINGS AND DISCUSSION

INTRODUCTION

This study portrays the lived experience of nurses who have undertaken undergraduate or postgraduate studies in nursing or other related subjects. It is particularly concerned with the value of undertaking and or completing programmes of study at this level and the effect this has had on the lives and practice of the participants. This chapter presents the findings from the analysis of material from interviews, focus groups and the researcher's reflective notes.

From the data it was apparent that as a result of their academic studies participants increased their knowledge and skills, developed their intellectual capacity and enhanced their academic performance, and that these together constituted 'academic growth'. There were three major effects from this; the first was on their own self-development and feelings of self worth, the second was enhanced clinical performance and credibility, and the third was a commitment to the development of the profession. It could be reasonably inferred from the findings that the net effect of this was better care for patients either indirectly through influencing policy, setting standards or authenticating practice or directly through direct patient contact. (This is represented as a model in figure 4.1)

Figure 4.1 Model of the findings



Each of the components within this model was constituted from the coding categories that came out of the data.

During the data collection process relating to the interviews, it was apparent that a number of codes were emerging that were of paramount importance because of the frequent allusion to them by the participants. Despite some concerns about quantifying qualitative data the researcher was influenced by Riley (1990:123) who argues that counting aids the degree of confidence that can be given to the findings and gives an idea of how important or widespread the categories are to the participants.

Table 4.1
Number of statements made by interview participants in relation to categories

Informant	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	TOTAL
	Numberof statements																			
CATEGORIES																				
ACADEMIC																				
Ability/attainment/performance	3	3	5	11	4	6	8	1	4	3	8	4	3	2	2	9	4	3	2	85
Credibility	1	3	0	1	4	2	2	3	0	1	3	1	0	2	2	1	2	1	3	32
Growth/self actualisation	10	9	5	6	8	8	10	11	7	9	11	12	14	13	9	12	15	10	13	192
Pressure/support	4	6	5	6	6	3	4	3	2	8	4	3	5	13	7	2	3	2	1	77
Knowledge/skills	3	5	7	4	4	3	2	3	1	4	7	1	4	7	4	5	3	5	7	79
Cross fertilisation/peer interaction	3	4	4	3	5	6	6	5	5	9	1	4	3	3	6	5	6	6	7	91
Learning and teaching	3	5	4	9	4	5	9	4	7	6	10	12	3	5	2	7	6	6	4	111
PROFESSIONAL																				
Continuing education	1	3	2	4	2	1	1	2	0	1	2	1	1	0	2	0	2	2	1	27
Development of nursing	0	1	0	3	1	4	2	3	0	2	0	0	4	6	3	1	0	0	6	36
Graduate nurses	3	1	1	0	1	1	1	1	0	1	1	0	1	4	0	4	0	0	0	20
Inter-professional interaction/esteem	0	2	1	2	0	1	1	4	1	2	3	1	2	2	4	6	3	2	7	44
Nursing/non nursing education	4	3	3	0	1	0	0	0	0	0	1	0	2	0	0	1	2	4	2	23
Nursings academic standing	0	4	0	0	0	0	0	3	0	1	1	1	1	1	2	2	0	0	1	17
*Patient care	2	3	0	4	1	3	1	0	3	3	0	0	0	2	4	0	2	2	1	31
Professional survival	0	4	6	5	1	1	5	0	1	0	1	0	1	0	0	2	1	1	1	30
Professional competence/credibility	1	3	4	7	6	4	6	2	1	4	6	3	1	4	3	4	4	7	5	75
Promotion/career	3	3	2	4	0	2	1	1	1	0	1	2	2	4	0	2	5	0	5	38
Role boundaries/conflict	2	3	4	2	0	2	1	3	1	0	2	3	3	2	0	4	1	0	1	34
Study support	1	2	2	2	2	3	1	1	2	1	2	4	0	2	1	2	3	5	6	43
Study/work barriers	3	1	1	1	1	1	1	3	1	1	1	1	1	2	1	2	3	2	1	29
*Theory/practice interface	8	7	5	8	6	10	11	16	7	8	7	5	5	10	15	9	3	13	9	155
Work pressures	0	0	0	2	0	0	1	2	0	1	1	0	0	1	1	2	1	0	1	13
PERSONAL																				
Culture/gender	1	0	0	0	0	1	1	1	1	0	0	6	1	0	2	4	0	0	1	19
Family/social	7	7	4	3	9	3	6	3	4	2	5	4	14	7	6	6	3	5	9	107
Benefit/risks	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	3
Personal development/self esteem	5	9	9	8	4	3	5	7	1	5	11	5	10	6	5	5	11	4	7	120

* Word patient used 88 times

* Patient care inherent in theory/practice interface

Table 4.1 shows the number of statements made by participants in relation to the different categories that emerged from the data. The categories are grouped under three fields, academic, professional and personal. This information was used to aid the selection of the data for inclusion in the analysis. The model components were derived from the most prominent coding categories, coupled with data gathered from the focus groups. The relationship between the most prominent coding categories and the model components are demonstrated in figure 4.2.

Figure 4.2 Model categories in relation to coding components

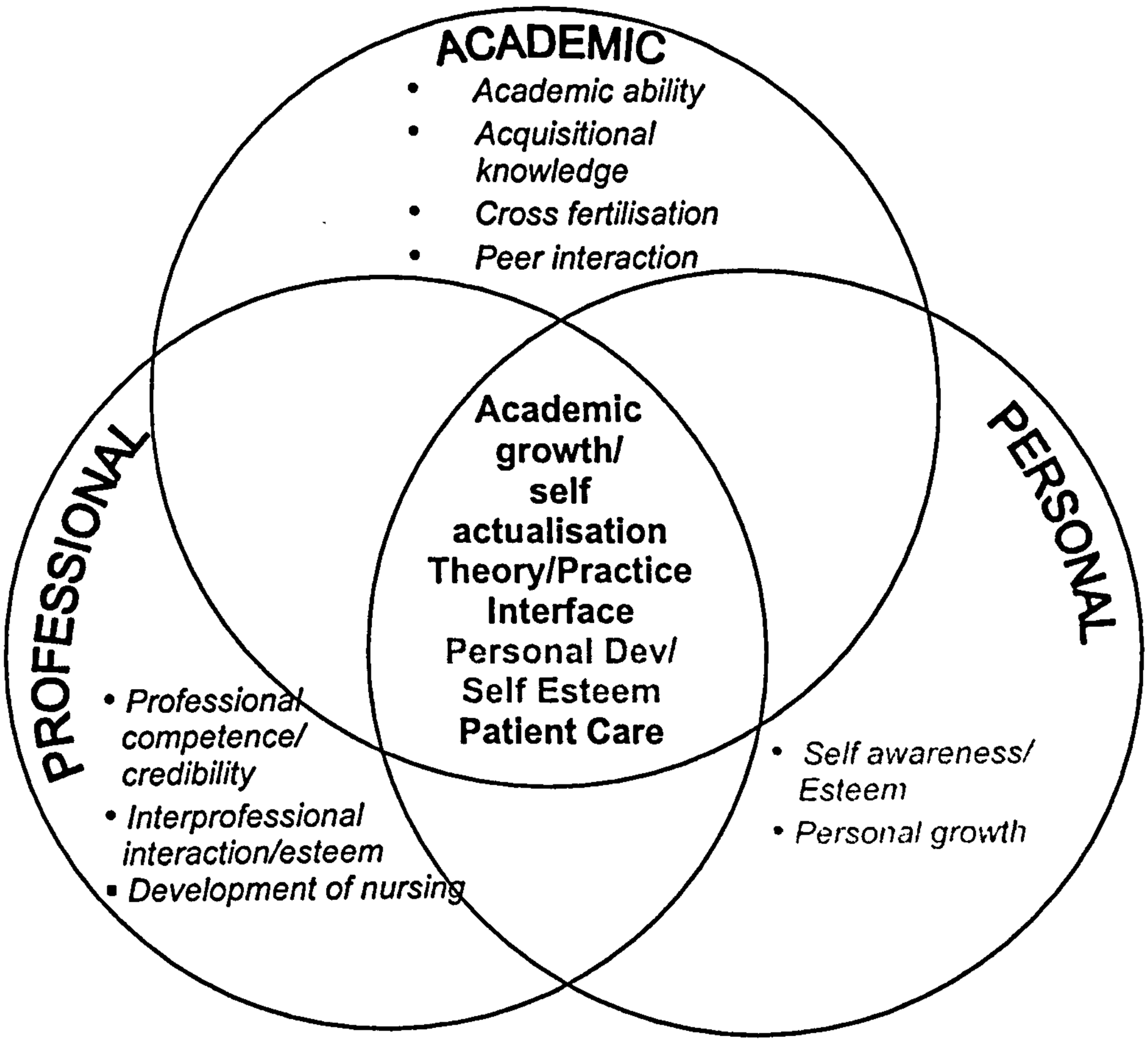
Model Components	Key Categories	Supporting Categories
ACADEMIC GROWTH	*Meaning of graduate* *Intellectual Growth/ Self Actualisation*	*Academic ability* *Academic credibility* *Nursings academic standing* *Study/workbarriers* *Theory/.practice interface*
	Learning and teaching	
PERSONAL GROWTH	*Personal development/ self esteem* *Family/social*	*Pressure/support* *Material benefits/risks*
PROFESSIONAL COMPETENCE	*Theory/practice interface*	*Acquisition of knowledge and skills* *Study/work barriers*
	Professional competence/credibility	
	Inter-professional interaction/esteem	*Inter-professional education/ Parity of esteem*
	Role boundaries/conflict	
DEVELOPMENT OF THE PROFESSION	*Cross fertilisation/peer interaction*	
	Development of the discipline of nursing	*Graduate Nurses* *Acquisition of knowledge and skills* *Nursing/non nursing education*
BETTER CARE FOR PATIENTS	*Theory/practice interface*	
	Patient care *Study/work barriers*	

One of the problems about counting data and drawing on the most frequently occurring themes is that data which relate to other themes might be lost but, with the large volume of data collected, it was not possible to include everything. However, statements from the less prominent themes

were drawn on where they amplified or clarified the component parts of the model. Data from the focus groups confirmed and enhanced the findings on the emerging issues.

It can be seen from figure 4.2 that there is some overlap with the coding categories, academic fields and the model components. It is in fact greater than portrayed. The Venn diagram (figure 4.3) represents the interface between these categories and demonstrates the overlapping fields. There is a degree of artificiality in dissecting the statements and separating them from the whole.

Figure 4.3 Overlapping Fields/Coding Categories
Venn Diagram



The statements were often complex, sometimes contradictory and often applicable to more than one of the coding categories. This necessitated repeated re-examination of the text to provide an understanding of how the statements interacted with and overlapped each other in relation to the whole. A modification of the van Kaam method of analysis described by Moustakas (1994) advocates the inclusion of data only if it is capable of extraction and labelling and that it should reflect an experience in a way that is understandable. Using a Gadamerian approach involves an understanding of the statements in the context in which they are made and this then provides both

an understanding of the person making the statement and the context. In this approach, the researcher's interaction with the text contributes to this understanding (Gadamer 1975).

This chapter portrays the story of the experience of nurses engaged in undergraduate and postgraduate studies through the model. Variations, which are attributable to the different programmes undertaken by the participants and highlights of some interesting individual differences, are also presented.

4.1 ACADEMIC GROWTH

The driving force and major achievement from undertaking undergraduate and postgraduate studies was an increase in knowledge and intellectual skills, with enhanced academic performance and consequently a rise in academic credibility. There were indications that as people and nurses many of the informants had a personal sense of academic inferiority or underachievement whilst others saw their studies as a stepping stone to professional progress. They were all motivated to demonstrate to themselves and others, including other nurses, other health care professionals and their families, that they were knowledgeable and academically able.

4.1.1 Academic credibility

It is axiomatic that as undergraduate or postgraduate students all of the participants had sufficient academic credibility to enable them to meet the university matriculation requirements and register for their programmes of study. All of the participants experienced their academic education as challenging and often very difficult. These difficulties included an appreciation of the different levels of study *"I haven't grasped the difference in level 2 and 3"*, a lack of grounding in supporting subjects "why *do I not understand, because I had not been taught things in school like sociology.."* and not recognising what was expected from assignments and examinations. But the difficulties experienced were also partly to do with competing pressures. Despite overcoming these difficulties and the successful completion of modules or programmes of study, doubts were frequently expressed by the participants about their academic ability. For some this sense of academic inferiority was evident from the outset of their studies and was often not diminished as they advanced their education:

> *I didn't think I was capable of doing it (*degree*) and some of the others who have done it, you tend to think, oh they must be very bright...I suppose I haven't had a very high opinion of my educational achievements.....Quite frightening to think I was going* (to commence the degree programme) *because academically you always wonder whether you are up to it and whether you can do it. (UGG)*

> *Always been a challenge. You do your first degree and you think this is so difficult, never will I do anything else, this is my limit and you get to the last*

few months and think maybe just a bit more. So you write yourself up for the masters and you get part way through that and you think I am never going to finish this it is beyond my capabilities and you get to the end and you think maybe...(PGL)

Notwithstanding an awareness of the challenges that face them, they appear to have the tenacity to proceed even though for some the doubts about their ability continue to the highest level *"not confident that it is of the academic standard required (PhD)*. However, surprise with their performance was not uncommon *"I am not as dull as I thought I was"*.

A view was expressed that nurses' doubts about their ability were shared by others and that this was associated with the level of initial nursing education. Two informants also had doubts about the credibility of nursing degrees. One of these was particularly concerned about the level of academic competence achieved by nursing graduates. All of the other participants were more positive about nurses gaining degrees, and had little doubt that it would promote their own and the profession's academic standing.

4.1.2 Intellectual growth/self-actualisation

There were 192 statements made in the interviews related to intellectual growth and self-actualisation making this the most heavily subscribed to coding category. When coupled with the 79 statements on acquisition of knowledge and 85 on ability, attainment and performance it is clear that there was a great deal of interest in and therefore, a very powerful drive to attain academic growth. For the participants developing the intellect and progressing towards their potential was a significant part of this. Even though many found the work hard, there was a real sense of enjoyment from engaging with study. This was evidenced not only from what was said but also from the non-verbal signals, which were very positive. This feeling of enthusiasm is also obvious from the language used. The following comment was typical:

I absolutely love it. If I had the choice I would lock myself away for a while until I have finished my studies. I really love the intellectual stimulation. (PGM)

4.1.2.1 Fit for purpose

The substance of the participants' affinity with intellectual growth and self-actualisation, centred on being better prepared to engage with others, especially in the work environment. The need for this was sometimes linked to a promotion and either being, or feeling, inadequately or ill prepared to undertake the new position. There appeared also to be a need to have recourse to a resource, not only to provide information but also to enable them to test out their intellectual skills. As knowledge and understanding increased there was some frustration about rehearsing this at work.

The sum and substance of this is encapsulated in the following statement by one of the postgraduate interviewees:

> *I was being put into higher level positions where I thought I have to show that I have an extensive knowledge of it. I have had the opportunity to discuss and debate this with other colleagues in different fields of nursing (*fellow students on the programme). *I was feeling that because of the changes that were going on within the job I felt that I was getting stagnated because I only had one or two people who I felt ...it sounds awful...I could bounce ideas off. My other* (work) *colleagues at my same level ..I could hear them discussing something and I would think haven't you thought of how this will impact on what you are doing or shouldn't you be discussing this issue now so that you are prepared for it happening. There were only one or two I was discussing and debating things with. I wanted people to challenge me. (PGH)*

Others also had doubts about their preparedness to undertake all aspects of their work and described how their degree studies were helping. This was concerned with particular aspects of their role such as supporting students, making a case for and managing resources, introducing changes in practice or engaging in research activities and in solving problems. The acquisition of knowledge and skills underpinned their ability to undertake these activities.

4.1.2.2 Knowledge and skills enhancement

The desire for academic growth is a recurring theme identified in the literature, (Gould et al 1999, Little and Brian 1982, Thurber 1988, Lethbridge 1989 in Pelletier et al 1994, Watson and Wells 1987, Beeman 1990, Rather 1992). This research adds to this not only by supporting the finding regarding the desire for academic growth but also in eliciting the underlying reasons for this. A loss in professional credibility was attributed to a lack of exposure to new knowledge and ideas and therefore, the need for updating and taking responsibility for this was widely recognised. Developing a knowledge base in subjects other than nursing to provide a better understanding of the context of practice and to better comprehend and represent nursing was also revealed.

The participants in this research were far from being reluctant students. As well as appraising themselves of nursing initiatives and seeking to gain a broader knowledge base in a range of complementary subjects, they also wanted to increase their research acumen and to hone up their problem solving skills. Some of the examples given of a broader knowledge base were in management studies, health economics, health care management and social science. It was apparent that the process of acquiring this new knowledge also resulted in enhancing their capacity to think differently:

> *If I start with the masters that gave me a grounding in organisational management that previously I had only just picked up. I had the theory to support the practice. The other thing is it helps you to think laterally and you*

are not just focussed because I am a nurse this is how it should be. So many influences have helped me to be able to look at everything differently and to change my mind tomorrow because of some other evidence may come to light or because the situation changes. It has influenced my thinking processes, I am changed from how I was at the start consciously because when I was going through the masters what does this mean. If you take health economics. There were a lot of economic arguments and I was able to apply it and make significant progress and I felt good about it. Good that I had the knowledge to do it and I could sit there with these consultants and put another viewpoint and was able to change. (PGN)

The masters taught me about the wider debate and the wider issues within health care management one of the things I am picking up from the doctorate is the ability to logically debate and argue. That is not only about nursing it is about everything I am trying to do. (PGN)

An appreciation of research and an expansion of skills in research and problem solving were identified by the participants as being of particular value. As well as facilitating their research and problem-solving endeavours it enabled them to be more discriminatory and more assured. Other authors have reported graduates as having benefited from an increased comprehension of research or an ability to engage in clinical research (Reid et al 1987, Fraser and Titherington 1991). There is an expectation that this will enable graduates to contribute to the body of knowledge of nursing (Carlisle 1991, Fraser and Titherington 1991 and Rather 1994). There is also an expectation that enhanced problem-solving skills could assist with the promotion of professional and patient-related issues (McFarlane 1987) and enable graduate nurses to be more questioning about their practice (Pelletier et al 1994). These are features of graduate education, which have clearly attracted attention. However, it would appear that the reality of the mass of nursing graduates making huge contributions to the development of nursing knowledge at this moment in time has yet to be realised. The level of education and sophistication in the skills required to achieve this is still evolving.

4.1.2.3 Challenge and potential

The acquisition of knowledge gives confidence to challenge others and to speak authoritatively within a broad arena about many issues. But as well as being recognised as knowledgeable and being able to challenge other people the participants also needed to challenge themselves; to stretch themselves further; to maximise their performance and strive to realise their potential. That learning stimulates the desire for further learning, almost like an addiction, was mentioned frequently by the interviewees, this is reflected in the following comment:

Want to extend knowledge and achieve potential. Not something aspired to do from the year dot, something that has developed within me the more I have learned the more I HAVE SEEMED TO WANT TO LEARN. Before started

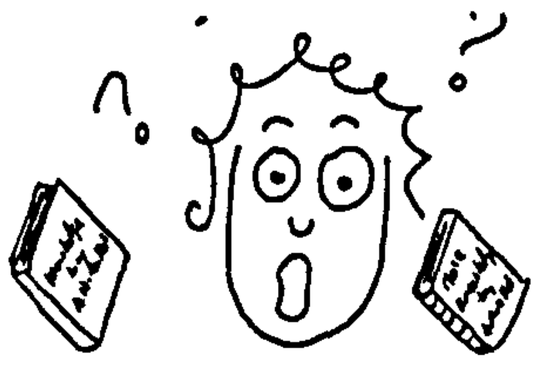
course wanted to get a degree and thought that would be it, now I might do a masters degree. (UGA)

This phenomenon was also reported by Rather (1992). In the focus groups the participants were asked to draw a picture of themselves as students and as practitioners (figure 4.4). Krueger (1998:71) Suggests using projective techniques such as drawings in focus groups to get round barriers to expression. This was applicable to this research but the main reason for introducing them in this research was to encourage all of the subjects to participate and to focus the attention of the groups on the subject under discussion. The interpretation of the pictures and the accompanying stories is informed by the Gadamerian approach adopted whereby there is an interaction between the subject and the researcher. Koch (1998) (an advocate of Gadamerian hermeneutics) says that story telling is a powerful vehicle for communication. She uses the story as an interpretation. It could be argued that there are different stories, those of the participants and that of the research as a whole. The following extract portrays the story of a drawing from one of the groups. The interpretation of this reflects the participant's interpretation as told to the group and the researcher's perception in the light of the engagement and the discussion. From the researcher's perspective it shows that as well as stimulating further study, learning is also associated with a level of anxiety:

(Story telling about drawing) *First one as a student is based on Edward Munch's 'The Scream'. It is having a sense that the more you learn the more you realise there is to learn. A bit along the lines of what (participant b) was saying before, you can see the emperor hasn't got any clothes now because you are beginning to understand all these thoughts and you will be able to apply to practice and you can see some of the problems and some of the issues. And whereas before one of the problems I have found as a nurse you've got to be able to understand management theory, clinical issues, physiology, pathology and this is geared more on the theory of nursing. And I feel sometimes you haven't got time to sleep. Because you need to cover all areas and you are answerable if you don't. Quietly as a practitioner you can feel well I am doing the best I can, I am not getting there yet but I know there is a tunnel now and I am assured there is light somewhere and its beginning to sink in and come together (FG1-a).*

Figure 4.4 (*Picture 1)*

student



4.1.2.4 Value attributed to intellectual growth

Whilst acknowledging the difficulty of applying knowledge to practice, sixteen interviewees spontaneously referred to the value of undertaking their programmes of study. It was also recognised to be of value in both focus groups. The value ranged from *"quite a high value"* to *"immeasurable"*. This is of direct relevance to the research question in exposing the value of the participants' studies on their lives and practice. The academic growth attained by the participants is pivotal in them extracting value from their degree studies. This is encapsulated in the following comment:

> *It is important to me. It is valuable in a number of ways. Primarily it is valuable because it has helped me to learn a lot of new things that I have found useful in my work and my life. I think it has helped me to think differently and better. Maybe in speaking to you I have revised my hierarchical order of these things. I would be tempted to put that first as the thing of most value, it has affected the way I think about things. (PGQ)*

Academic growth was not just something which was aspired to; it was realised albeit in the context of recognising that it was an ongoing phenomenon. Despite the enthusiasm and success, for many it was a painful process in that it required effort and there were many frustrations. The process of achieving academic growth through their learning and teaching experiences was notable for the participants.

4.1.3 Learning and teaching

The doubts some of the participants had about their ability have been mentioned already. The profile of the participants shows that the level of secondary education attained by the majority was modest. The subsequent success in higher education attained by them demonstrates that they do have the ability to perform successfully at this level. However, occasioned by the lack of formal preparation for university education, there is a secondary/higher education gap that many have to bridge. This is was expressed graphically by one of the participants:

> *When I did my health studies degree, that was the most difficult thing I have ever done, because I have had an enormous gap in doing any formal learning. I was hitting this cold almost. My great regret is that I hadn't attended some sort of access programme before I embarked on that level of study because I was not properly prepared for it. I was learning how to study while I was doing the programme. It took me a year I think to understand what I was trying to do at this level. I think I should have been told to do an access programme rather than* (them) *take the money and put my bottom on the seat. I think I could have been better served had I really understood what was required from me. And I think I put in two mediocre assignments when they needn't have been because I didn't really know what I was doing. So that was what was hard. (PGS)*

This signifies that nurses undertaking studies within higher education require support from the academic institution and from the lecturers who need to be aware of, and sensitive to, their needs. In this research, the majority of the respondents were satisfied with this albeit they recognised that effort was required from them and as mature students with a professional orientation, their experience would perhaps be different from that of students on other programmes. The learning and teaching experience was a major feature in the responses from the participants. In total there were 111 statements attributed to this category. The things they referred to were, the academic environment, course content, mode of learning, mode of attendance, their role as students and teaching approaches and competence.

4.1.3.1 Academic environment

Undertaking their studies within an academic environment satisfied a number of the participants' needs. These included being in a setting conducive to, and with the resources to support their studies, and having respite from the daily turmoil of work when they had time to think and reflect and perhaps get a different perspective on their lives and work. Some had a clear idea of what they would experience from the outset of their studies and had these expectations realised. Others were less sure of what to expect but there was a common expectation that being in an academic environment was beneficial for all of them and for the credibility of the profession:

> *Coming down here (*University campus*) it broadened my horizon. If you interact with the students you can share knowledge and how to gain the knowledge from a different perspective. Leading to other resources not just the library. (UGD*

> *.....good for the nursing degree now we are in the university. Given more support, prestige to the nursing degree because we are actually based in the university...(UGB)*

Enjoyment, apprehension, credibility apart, of paramount importance to the participants was the curriculum content of the studies that were undertaken.

4.1.3.2 Appropriateness of content

It mattered that the participants were exposed to knowledge, thinking and ideas that would be useful and relevant to them personally and to their practice. Their comments reflected both their satisfaction and discontent with the content of their modules, courses or programmes.

> *Made me think a lot about care and nursing. What I wanted some kind of stimulus. Some of the things I was looking forward although I could link some to practice a lot I couldn't really. Reflective practice very helpful – use that in work. Some aspects I could draw from. some aspects quite repetitive from my*

training and from other modules eg health promotion but I had to do it as part of my degree again. Choices of modules limited. Went with the greatest majority. Had to fit in..... Disappointed because expected a critical care component. Told it was not starting for another year. Felt let down. (UGD)

This comment raises the issue of choice and repetition. Rather (1994) found that some of her subjects had experienced problems with this and that their studies constituted only a legitimation of what they already knew. The point was made in the literature review that with advancing knowledge continuing education is beneficial. That this might mean revisiting material encountered before is not necessarily bad practice as was indicated in the following comment

There are subjects I have done before but the idea behind them has changed and your experience has changed so it's worth studying it again. You are coming at it as a different person I suppose. (UGF)

The focus groups were specifically asked about Rather's (1994) findings regarding the repetition of material. Only one of the undergraduate focus group had to repeat something she had done just prior to starting the degree, but despite her remonstrations she still had to do it. This group was however, more concerned with deficiencies in content and support to undertake more practice-based research in their clinical areas than with repetition of material. In this they demonstrated greater knowledge deficits than the postgraduate group.

The general consensus from the postgraduate focus group on this was that there was not a huge overlap with existing knowledge and they were in accord with the interviewees in that they felt that where it had occurred there was beneficial updating as things had changed. Nursing theory was cited particularly as being an area where there had been considerable advances in the thinking on this. The exposure to material that had been encountered was less of a problem than the application to practice. The focus group members reported that it was possible to have dialogue with the lecturers about the content and to re-negotiatiate this if it was required.

It is axiomatic that learning is an extremely complex interactive process. In addition to having a certain level of intellectual ability, exposure to knowledge with a sound base and effective delivery and an environment that is conducive to learning, the learner also needs to be well motivated and to accept some responsibility for their own learning.

The discussions in the interviews and the focus groups regarding the mode of learning appropriate for higher academic study centred on the participants accepting responsibility for their own learning. All of the participants had an understanding of what was required and a definite commitment to undertaking the academic work. As well as accepting the need for self-reliance there was recognition of the need to work in partnership with the teaching staff.

4.1.3.3 Teacher/learner interaction

Different approaches to teaching and innovative ways of engaging the students with their studies, thus creating a climate conducive to learning was seen as important. Education in higher education was perceived as being very different from that of initial nursing education. Things that were particularly noted were the small class sizes, the expectation of student involvement in discussions and the level expected of that input. With regard to the teachers, they were expected to be approachable and respectful of the students. A minority of participants was not always satisfied with the interaction they have with teaching staff as the following comment demonstrates:

> *The teaching methods could have been better. Acetate after acetate. I shut off. They provide the handout. Then I shut off. (UGD)*

Despite this criticism about teaching methods, the majority of the interviewees found their lecturers' approach to be appropriate and were comfortable with the interaction. The focus groups felt that the size of the groups and the group interaction facilitated the teacher/learner interaction, although there was some discussion about small groups possibly being threatening for some students.

The teachers/lecturers were perceived as having a role in helping students to know what was relevant to practice and to be responsible for guiding students not only in the choice of material to study but in helping them to extrapolate this to their practice. There is an overwhelming sense in this research of a desire to undertake study in order to improve practice and although it is accepted that students have a responsibility for this that they can not do it unaided.

4.2 PERSONAL GROWTH

Enhanced competence to practice is not only aided by academic growth, an important contribution comes from the achievement of personal growth. In this study as will already be apparent, there was expression of some self-deprecation in respect of personal abilities and self worth, together with a realisation that the studies contributed to absolving this to some extent.

Whilst personal growth was aspired to and to a large measure achieved, there were considerable individual differences. These were a reflection of past experience as well as personal qualities and socialisation. In this research, the family emerged as a strong force for socialisation and for support. The personal development and esteem and the role of the family in influencing and supporting the individuals participating in the research and the impact of the studies on family life are addressed next.

4.2.1 Personal development/self-esteem

A common feature of the interviews was expressions of increased confidence and self-esteem. This enabled participants to be more assertive, not discouraged by opposition and to be more comfortable about putting their own ideas forward. This supports the findings from other studies where Carlisle (1991), Fraser and Titherington (1991) and Gould (1999) reported an increase in confidence and self-esteem as a beneficial outcome whilst Rather (1992) found her subjects to be more empowered with a greater understanding of themselves.

All of the interviewees spoke of enhanced confidence and self-esteem although individuals sometimes made statements, which were contradictory. This can be explained in that whilst growth in respect of these attributes was recognised it was not absolute. The enhanced confidence and self-esteem and evidence of growing self awareness and belief in ability experienced by the participants is exemplified in the following statement:

> *...gave me the confidence when I speak to people to think if I didn't understand something they were saying to me I didn't think gosh I'm stupid, I started to think you are not explaining this well. Gave me the confidence that I am not a stupid person. Also from the point of view I am reaching a stage in my personal development when I am much more open to acknowledging my limitations and therefore appreciate and take on board whatever people are telling me without feeling it is a threat to me as an individual. If you are in a meeting you know you have got a certain level* (of education) *so you don't feel threatened by the situation. (PGO)*

There was however, some apprehension about other people's perception of the level of performance expected in light of the acquisition of academic qualifications. It may be that to obviate this, there would be value in continuing to have academic links post qualification. The support and encouragement that could be gained from academic staff would enable the post-qualifier to be nurtured whilst testing out new knowledge and ideas and whilst gaining confidence. The following statement is indicative of the growth in confidence coupled with continuing anxiety and recognition of the need to cope with this:

> *Given me confidence. Little bit more outgoing. Scared by people's expectations of me because of the qualifications. I still get nervous about things I am doing, still lack confidence. I see things a lot more logically.....I can't break down anymore* (cry) *(PGK)*

The extent to which there was an increase in personal growth obviously depended on the degree of confidence held at the outset of the studies. It may be that for some their personal level of insecurity is such that they had unrealistic expectations about their studies in helping them to be more confident and assertive. Study alone, will not negate other life experiences. The following

statements portray the ambiguities occasioned by life experiences and study on growth in confidence and esteem for one individual:

> *I used to think of myself as the housewife and mother. I had the ward sister job. It was wonderful then suddenly I was nobody. I felt as if I had lost the skills. I tried to go back into education to help me to gain those skills. (PGM)*

> *I had lost so much confidence and didn't really know how to go about gaining confidence again. I thought perhaps education was the right way really. Being a student now if people ask me what do you do and I say I am a student and they think oh a student at that age. The most problem as a PhD student was this feeling of inferiority. Still feel I am just a student.(PGM)*

> *I think I have changed because I am beginning to talk to people more confidently now. There is still a limit to that. I am hoping my PhD will suddenly give me confidence. My friends say I am more confident now. ...I have gained in confidence. I haven't got the confidence to go into a room and talk to my peers and supervisors about a particular topic. If somebody asked me to give a paper or something I would probably faint.(PGM)*

Self-esteem is a measure of how we feel about our personal value, but it also influenced by how others perceive us. For the participants this was colleagues, family or friends. Whilst the perception of others appeared to be burdensome for some it also acted as a stimulus to striving to overcome the effects of seemingly being labelled as professionally, personally or academically wanting:

> *Because I was put in that SEN label and even when converted. When I started the masters somebody said to me how are you doing a masters when you are an enrolled nurse. Like as if I was dull so how could I do it. Sense not just to prove to myself but to prove to others. I can remember going into work and feeling chuffed and put my shoulders back...Sense of feeling judged because of being a SEN. Treated differently as a SEN. – good because my parents were proud of me. A friends sister said you are only an enrolled nurse. I have pulled her up on this since and said I was only an EN but I have a masters and now I am doing a PhD. (PGK)*

There was frequent allusion to the acquisition of academic qualifications having the power to change other people's perceptions of an individual. However, a corollary of a greater self awareness, esteem and the underlying social skills was not just the impact this had on others and the reciprocity associated with this but the intrinsic personal value this had:

> *... If I go back to the diploma I was more aggressive than assertive. Studying has certainly helped me to be able to deal with myself.....(PGN)*

All of this was reinforced by the focus groups whose members expressed similar positive comments about the benefits of their academic education to them personally. Confidence, empowerment, being more in control and esteem from others and respect from managers in particular was the language that coloured the discussions.

4.2.2 Family/social

There is a complex interaction between the person, family, social encounters and work that are all inherent in the process of socialisation. The family and social support system was a powerful factor in this and provided two main threads in the sustenance or otherwise of the participants in their academic endeavours. These were, support to enable the participants to undertake the work and the effects of the study on the family and social life.

4.2.2.1 Support

Undertaking academic studies was onerous for most and this was made more or less so depending on the attitude to the studying by members of the family and significant others, coupled with the understanding and support offered by them. That the family, the associated culture and gender has a powerful socialising influence was apparent in this research. Both male and female participants referred to their culture of origin. This was about being Welsh, being working class, not realising the expectations of them due to gender or not being encouraged to achieve academically. The successful outcome of the academic work undertaken was for some a means whereby earlier family disappointments were overcome or whereby the family members altered their expectations. The family response to the studying was important to the students in enabling them to sustain their efforts and in raising their feelings of self worth. The following statements personify the class and culture issues:

> *I wish my mother was alive to have seen me graduate. That is very strong. Trying to be valued trying to be well thought of. Brother chair* (professor) *publishes world wide and he is very influential and important, so I suppose there is a sex gender thing that I want to try to prove that I am as good as he is. (PGO)*

> *Having left school at 16 and not going on to A levels and not going to university and suddenly realising we don't all mature intellectually at the same rate. I never thought I would be able to do it and here I am, a bit long in the tooth perhaps but I have arrived at long last. I come from a working class background and the girls didn't go to university, the girls went to work and got married and had babies and were housewives and it bucks the trend a bit. (PGS)*

In the main the responses from the family regarding the study were very positive. The family affirmation was complemented with either concrete forms of support such as help with developing skills, typing or checking work, taking over domestic chores and child care responsibilities or less tangible forms of support such as encouragement. Sometimes this had added value in enhancing or substituting family interaction. The following statement from a mature undergraduate student shows how both concrete help can be given and how they manage to involve family members presumably to their mutual benefit:

...Very scared of computers when I started the course I wouldn't go down there unless my daughter came down with me to help me to use them sitting beside me press this button mum. Family very supportive a great help having one son who has gone through it and is now doing his masters degree and a daughter who had done a year of university life. They have helped me with IT learning how to use the computer and doing my typing. (UGG)

It was clear from the responses from the participants that emotional support was offered, valued and seen as important. Often there was a sense of the participants being in a family learning environment where there was a commitment to continuing education and a sense of reciprocity in the family support needed and given.

Some people took into account their family circumstances before embarking on their studies. They deliberately timed them to minimise the effect on their families and to enable them to engage themselves fully with their academic work with little need for support.

4.2.2.2 Effects

The ramifications of academic study were seen as both negative and positive, comprising feelings of guilt, pressure and deprivation in family and social life, balanced by material benefits and academic and personal enrichment. Feelings of guilt (often referred to as being selfish) were largely associated with time away from home and family commitments. There was an awareness of the role of partner and parent and a duty not to abnegate responsibilities related to this. At the same time in addition to recognition of the need to put time into study in order to succeed, for some there was a strong affinity with studying and a sense of dissonance when not being able to respond to the compulsion of doing this. This was articulated in the undergraduate focus group as a feeling of being equally cursed and blessed by being mature students with families. The following discussion occurred in one of the focus groups. It highlights their experiences of studying and the benefits and pressures and the competing demands and the tensions arising from this:

It is an irony as well that there is a part of people who want to do degrees so that they can keep doing the job they are doing so they can keep the quality of life they are used to. They spend four years of hell though studying and their best friend is the computer. (FG1- a)..

...why do they let themselves in for that? (Researcher)

I don't think at the time you know what it entails. Four years is such a long time. There is a part of you that keeps on wanting you to go into studying in the summer holidays because you feel uncomfortable sitting there staring at the screen and other life seems a bit too vague really. Actually talking to children

and things. I can understand how people can get institutionalised, you can do in four years.(FG1- a)

Get addicted to it? (researcher)
Oh yes On Monday I spent 12 hours in there, my wife had to pull me out in the end. (FG1-a)

It does take over your life, I always have the feeling at the back of my mind that I should be doing the work. (FG1-b)

(Several times at this point another member said *guilt,* affirmation from the others.

What you are describing sounds like a very painful process. (Researcher)

Very painful. . (FG1-a)

Given this why do people want to do it? (Researcher)

You know it is not going to be easy, but I don't think you realise, I personally didn't realise how hard it would be how much time I would have to put in. (H'ms from the others). *At the end of the day you are doing a degree but the amount of reading and what is expected of you ..it is hard. When you get half way through you think oh, I've done that all of that will be wasted if I give up. You want to get it. Ultimately you would feel you had let yourself down I think. (FG1-c)*

The compulsive nature of study and the sense of guilt and conflict were also evident in the interviews. One of the interviewees demonstrated this as follows:

I still had this very guilty conscience that I was doing things for myself and was conscious that my family needed me as well. Even though I was doing it in the day time and my children were at school. I was still very conscious of making sure the shopping was there and the.. I was there when the children needed me...Having this guilty conscience of making sure the house was tidy, the shopping was done.... I still have to put it (PhD) in context in relation to the family. I still get this sense of my time is up, so it stops there and that is very frustrating. I still want to do it when I want to do it. I haven't had that feeling so far. There are some days when I sit down and there is no one at home. So I do it. (PGM)

The constraints the participants were subjected to and the pressures they experienced, seen in the context that most of them were studying part time and having to work as well as study and fulfil their family commitments, is an indication that the pressure on them was considerable. Negative effects associated with pressure were also reported by Pelletier et al (1994). There was a particular problem for students with young children in that their needs were seen as paramount and everything else had to be fitted around their needs. The female students were not alone in identifying pressures associated with combining study with family life, and it was not only young

children that posed the problems. Older children make demands also albeit that they are different in nature.

However, what was evident from the data was that the pressures were often anticipated and various coping strategies were employed to overcome them. These being working around children's routines, involving them where possible, or acceptance of the pressures in the knowledge that it would not be forever.

Whilst partners have been shown to be very supportive they can also make demands and create pressures and again these have to be allowed for. The indications of this in the research were that the demands made by other family members were more sporadic than those associated with children and were tempered by the support that was also given. Only one participant reported a serious breakdown in a relationship *"Now single, got rid of partner"*. Although there was a realisation that undertaking the academic study could potentially put a strain on relationships, there was not any evidence to suggest that most participants did not manage to cope and compensate for the pressures imposed by this.

It was obvious from listening to the participants that in attempting to extract so much from their lives that something had to go. This tended to be their social life and there were few regrets about this. However, the restrictions on family interactions particularly with young children were a cause for concern. It was recognised that if they missed out on something it could not be replaced or re-enacted. There was considerable discussion relating to this in the undergraduate focus group (the age range in this group was similar to that of the post-graduate focus group) where they expressed a strong feeling that sacrifices made in terms of less family involvement were losses that could not be recouped:

> *If you have a young family you have to take time away from them and that is something you can't put back afterwards.* (Received with complete agreement by the rest of the group). *(FG1)*

An interviewee's perception of this was articulated as follows:

> *There is an element of that (*imposing on family time*) but I think that everybody is quite pleased that I am doing it so there is an understanding but I will never get that time back. It's not problem now it may be later. (PGN)*

This illustrates the coping mechanisms and compromises whereby possible deprivation is compensated for in some way. Interruptions to family life were protected more than interruptions to social life where for those that had strong family ties and support the social aspects of their lives could be put on hold for a time. For others without close family support there was an effect on their social relationships where again the pattern of coping and compensation was apparent.

The potential for social isolation was greater for those who did not have a partner and children. For those undertaking their studies through research, the problem was even greater as they reported a sense of isolation from undertaking this mode of study where there was less opportunity for interacting with teaching staff and other students. The pressure and constraints experienced by the majority of participants throws into relief the important role of teaching staff in recognising signs of pressure and offering support and encouraging student interaction with other students. However, in relation to personal matters not all students are amenable to such overtures.

> *Supervisor very supportive. Academic topics rather than personal things. Some things I wouldn't discuss. Perhaps I don't want her to know how hard I am struggling with family life. Unless you have peers to discuss your problems with you tend to build them up. (PGM)*

It was apparent in the interviews and to a lesser extent in the focus groups that where participants were experiencing pressure and stress that this was sometimes re-lived. These were manifest in speech errors and in the rate and pitch of speaking as well as other non-verbal signals, the most extreme being to cry although this only happened on one occasion. Notwithstanding the negative facets relating to personal growth there were material benefits and enhancements to personal life occasioned by the successful outcome of the studies. Although referred to infrequently the most graphic example of this is the following comment:

> *Within a ten year period from being a single parent after a 20 year marriage with nothing to be in a position where I have two houses and a Morgan car. That has been on the back of a commitment to education. Not money orientated that is just the way things have panned out. What it indicates is that education and an investment in yourself does pay off financially as well. Perhaps that was a driver I wasn't consciously aware of or maybe that just results of a determination to better yourself. Most people who study in depth would benefit financially from it. (PGO)*

The overall consensus on the merits of study versus the privations were about putting things into perspective and striving to have a balance. Generally personal and professional benefits were seen to far outweigh the problems. Professional benefits were related to the enhanced competence of the practitioner and the development of the profession.

4.3 PROFESSIONAL COMPETENCE

It is a justifiable expectation that nurses should be competent to undertake their professional work. The subscription to continuing professional and academic education indicates that additional education and training are required post registration to ensure that as their roles and responsibilities grow nurses will have the necessary knowledge and skills to support their professional progress.

The participants in this research demonstrated directly or indirectly that, arising from their studies, their professional competence would or did increase but that this would not be easy to prove.

4.3.1 Theory/practice interface

The symbiotic relationship between the academic studies and nursing practice was very obvious in this research. It was not the case that there was theory and there was practice, the constant interchange between the academic world experience and the practice world experience and the enhancement to each of these by the other was frequently demonstrated. Sometimes the participants were testing things out and exercising intellectual skills, other times they were working with other colleagues using their new knowledge and skills to enable them to grow too. In other instances they were able to redesign their practice and implement changes sometimes alone, sometimes taking others with them. This was never easy as on many occasions as will be discussed later, they were frustrated and had to retreat from implementing innovations or make compromises or with determination try again.

4.3.1.1 Applying theory to practice

Developing a body of knowledge in nursing subjects and from other disciplines complementary to nursing and being able to utilise this knowledge in practice demands considerable acumen. The application of knowledge is the most sophisticated level of learning. i.e. exposure, assimilation, synthesis, application.. This is inherent in the Steinaker and Bell (1979) taxonomy of exposure, participation, identification and utilisation. It was not possible from the data in this research to ascertain the individual endeavours of the participants in reaching this level of sophistication. There was however, some evidence to suggest that some of the participants had attained this level. Using drawing and story telling as indicated previously, and through adopting the Gadamerian (1975) notions of 'fusion of horizons' and the 'hermeneutic circle', interpretation of the following extract from the post graduate focus group indicates this:

> (Story telling about a picture) *This is me as a practitioner realising oh, it's the enlightenment isn't it. Oh yes, that is why we are doing what we are doing. The sudden enlightenment of the years of what you have been doing. There's suddenly a theory to....you come across the theoretical knowledge that back up what I have been doing anyway. (FG2-a)*

Figure 4.5 ***(picture 2)***

There was an expectation that the increased theoretical knowledge derived from graduate studies would be of benefit to nursing practice in the Gould et al (1999) study. However, as indicated, it is a difficult intellectual jump to apply knowledge to practice. There was an awareness of this in the focus groups and recognition that it takes a period of time to accomplish this. Both focus groups discussed "*a theory practice gap*" and the difficulty in applying the knowledge they had acquired from their programme to their practice. Creating opportunities to test out and exercise new knowledge and skills would facilitate the application of theory to practice.

4.3.1.2 Testing out and exercising knowledge and skills

From the data it was evident that the benefits of relating new knowledge and skills to practice consolidated the learning and enriched both the knowledge and the practice. The process involved being exposed to new knowledge, reflecting on previous practice and visualising what the practice would look like in the light of the new knowledge and with this different perception, revisiting the theoretical stance and arriving at a different sense of reality. The essence of this notion is captured in the following comment:

> *If you are studying at the same time as doing a job you get that interaction with the people you are working with. Perhaps more real. If you are in a classroom and you may be with educationalists talking about something like nursing practice when the perspective is very different. But if I take the perspective I gain in the classroom and come back here on the wards and say what do you think, I am getting a much richer picture around that subject than purely the academic point of view. (PGO)*

There was an expectation from the outset of the studies that the theory and practice should complement each other. There was also an expectation that linking theory and practice, study and work would enhance functioning. The strategic thinking in the plan to marry theory and practice and the expectation of enhanced competence was apparent in many of the statements including the ones that follow:

> *My studying has been well structured for the job I am in at the moment which was the plan. There was a strategy to all this. I decided at the start of nursing training where I wanted to go. Almost like a vision of where I want to go. Job and study complementary. Marrying study and work – work a study in itself continually learning every day. (PGO) ...*
>
> *Was able to function at a different level than one was functioning at previously. In a position to relate experiences to theory and to say it looks as if what I am doing relates to....reinforced that what one was doing had a theoretical underpinning. Things doing right and things could improve also had knowledge of different approaches you could use. (PGP)*

It was apparent that the participants' concern with applying theory to practice was not confined to their own practice but also reflected on that of others. This was a feature of many of the responses on the interface between study and work from the interviewees and focus group members who were anxious to share knowledge with and use their skills for the benefit of other colleagues and with students.

4.3.1.3 Change and innovation

Another manifestation of the study-work interface was that participants felt better able to implement changes and introduce innovations in their practice. There is much exhortation for nurses and indeed all clinicians to demonstrate that their practice is evidence based. Thus the marrying up of research skills and effecting change in practice was an advantageous outcome from their studies as the following statement demonstrates:

> *I try to tailor all of my assignments to something I am doing at work so it helps develop other people's practice as well. At the moment implementing the NVQ in dialysis so all my assignments this year is round teaching health care to NVQ. The management of change wasn't handled well so my management assignments have been on that. That makes it slightly easier, when I am doing it, I don't feel I am wasting my time because of the link with what I am doing in work. A bit of extra enthusiasm to do it.....On the research side helping us to develop best practices. Making us look at what we are doing and should we be changing our practice. (UGA)*

In this statement there is again a definite sense of the participant being a member of a team. Team commitment and examples of the way the knowledge gained was used was evident in very many

more of the comments. Involving others is a good strategy in effecting change which is difficult to accomplish.

4.3.1.4 Confronting barriers

The difficulty in demonstrating that undergraduate and postgraduate studies are of benefit to nurses in their work was discussed in the literature review. As well as a lack of empirical evidence (Carlisle 1991 and Fitzpatrick el al (1993), there is a lack of understanding of the potential use of graduates (Fraser and Titherington 1991, Armstrong-Esther & Myco 1987). Because of this the participants were asked to talk about their experiences relating to their use of their academic studies. Some had not experienced any barriers. Others were conscious of barriers posed by resource constraints within the health service and recognised the need to compromise. Some were confident in being able to overcome problems that were presented and recognised the need to accept responsibility for asserting themselves in using their knowledge and skills.

This first comment is indicative of those for whom there were no problems possibly because of working within a specified remit:

> *I have never encountered any barriers or obstacles. If I have read something I can go to my colleagues and say how about trying this. Have autonomy in the community and I have a good team. Nobody would put in anything radical unless they had spoken to their managers. Everybody is supportive. More often than not the support is there. (UGE)*

The reference to the managers' authorisation suggests that problems will not occur if the innovator follows agreed protocols. However, experiences were recounted where there was opposition to trying new things and this was largely attributed to pressure of work and lack of time. Participants also spoke of being seen as too enthusiastic. One of the undergraduate students to whom this applied had learned to temper her enthusiasm and learned that patience was required:

> *Forget I have been here and learned about something and I go back to work and want to implement it yesterday. Suddenly realise it is going to take a long time to pass your knowledge onto people and takes involvement of a lot of other people and you can't do a one person crusade and suddenly change the world. I have tried and it doesn't work. People aren't always receptive.... comfortable with what they do and if they are not the type of person who wants to go on to do further study themselves they don't necessarily see the value. (UGA)*

Patience, however, was not the only aspect to take into consideration, a sound knowledge base together with persistence and good negotiating skills were cited as being more fruitful.

Persistence does help. Nothing has ever prevented me from what I wanted to do. Benefit of having the education is that you can provide the argument. For what you want to do. (PGO).

Some of the participants were senior managers with a key role in developing competence and supporting evidence-based practice. They had to reconcile this aspect of their work with recognition of the resource constraints and other limitations on applying new thinking and new approaches to practice within the health service. There was a suggestion that there has to be more realism from teachers, the implications being that some things are not possible. This is an illustration of reality feedback whereby teachers have to understand the context and reality of practice and recognise that innovation and change need to be incremental and not necessarily complete. Problems in the health service have to be addressed and sometimes the solutions are of necessity partial.

One of the benefits of higher education mentioned previously was the development of critical thinking skills and a consequent enhancement of the ability to solve problems. This must entail handling opposition, working within constraints and still being able to make progress. The following comment speaks of frustration and disappointment but also demonstrates enlightenment:

Valuable for work, I have learnt a lot - learned about the environment, which we work in and it has shown me more how we are not able to do what we can do. Taught me the potential of nursing but also shown me why we are not able to do it. Therefore that helps the frustrations. Exposed some of the constraints. Not more accepting of the constraints - can understand more frustrations and disappoints from myself and the staff. If you are aware of that understand it you can help them to come to terms with it better certainly not to accept them. (UGF)

The process of enlightenment, albeit arising from frustration and disappointment, might lead to progress. One of the postgraduate students who was also a manager suggested how this might be accomplished:

What I have tended to do if there are any barriers come up, I tend to start looking at ways of getting round those barriers. I draw on other skills or skills of others. A man knows the man who can. No barrier is insurmountable. Know I can make a contribution. (PGH)

When the barrier to introducing new ideas comes from nurses themselves this was particularly disappointing:

The disappointment has been with my own profession where it has been very difficult to co-opt or to coerce or logically get people to accept there is an alternative view to theirs. (PGN)

It may be that this is symptomatic of the widespread resistance to change and is not confined to the nursing profession. However, it has been argued in the literature that some nurses with degrees are subjected to professional prejudice. They are viewed with hostility by some of their colleagues and this prevents them from using the knowledge and skills acquired from their studies (Carlisle 1991).

4.3.1.5 Professional prejudice

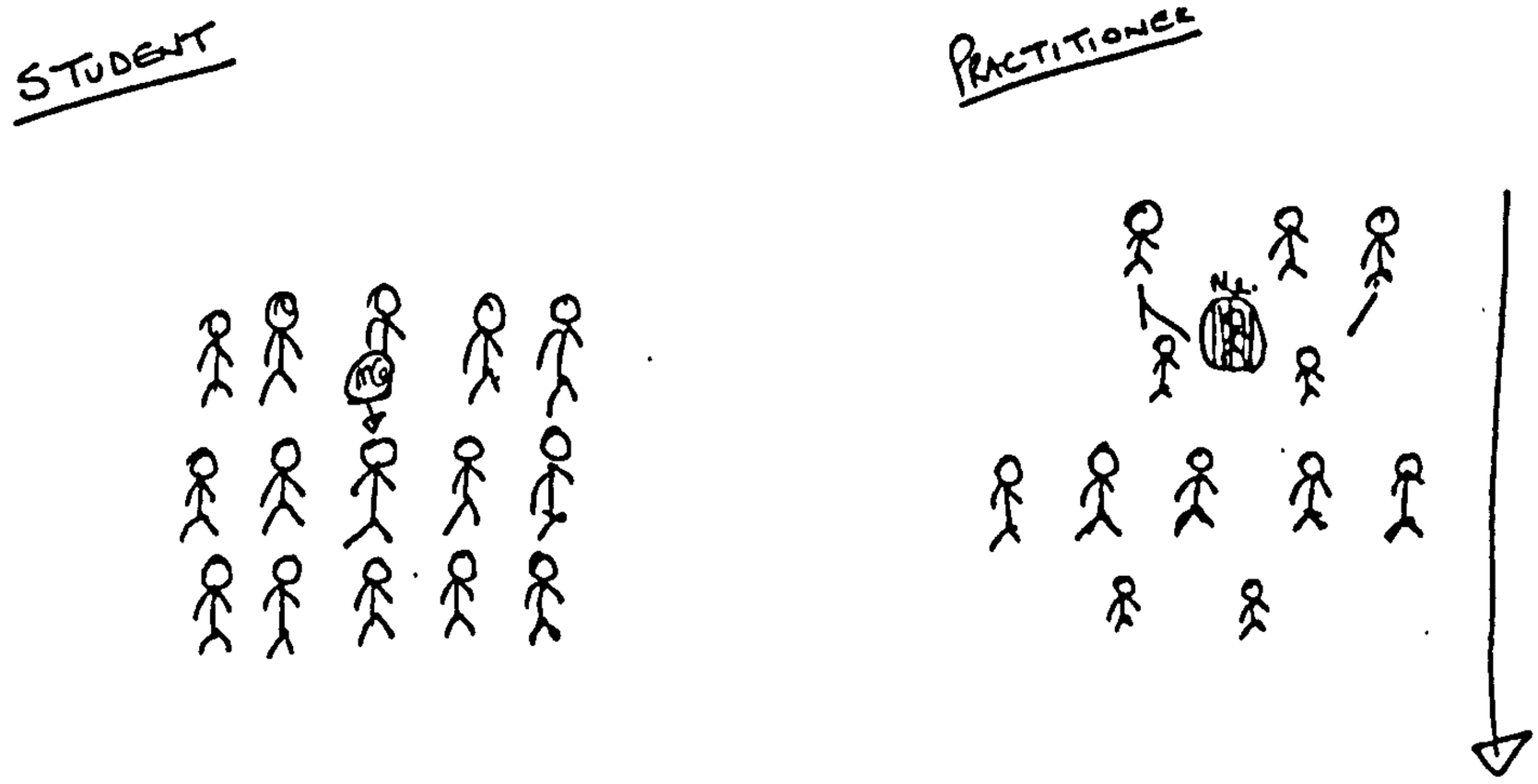
There was little evidence to support the notion of professional prejudice. Where it was cited it comprised jealousy rather than prejudice and appeared to be personal rather than about graduates as a whole. Having a questioning approach was construed as threatening:

> *Professional jealousy. Especially when I was a staff nurse. To some people I am considered a threat in the sense of I have to understand and internalise it before I can feel comfortable with it. So I tend to ask questions and maybe it is perceived that I am questioning their competence. (PGH)*

A lack of appreciation of the potential contribution of graduates was discussed in one of the focus groups. This particular discussion also revolved around a drawing embellished by story telling of one of the members as a student and practitioner. This illustrated the differences in the professional camaraderie and support experienced in the education and practice settings and the problems related to introducing new knowledge and ideas related to practice. It also shows the dampening of enthusiasm due to lack of support and competing pressures in the practice setting: Again the Gadamerian (1975) notions of 'fusion of horizons' and the 'hermeneutic circle' were evidenced through interplay between the contributions and understandings of the group and the interpretation of the researcher.

> Story telling about drawing – *My opinion of myself is somewhat restricted by my ability to draw.* (Laughter). *Here I am in the middle of my body of students in the school reflecting that as a student when we do meet together I feel as part of the group and that we are all sharing the same feelings and emotions with regard to course work. And the fact that we are discussing things at the same level. So you feel part of a body of people here. Whereas in work that's me in prison in an obvious hierarchical structure. In prison because I have now gained more knowledge which I feel I could impart and enhance others with, but people don't really appreciate that. But there are other constraints there as well like for example being a charge nurse. You have more responsibility and your work load is increased. So there are other pressures than just what you have gained from being a student. So that's happy there* (student) *happy but not so happy* (practitioner). *(FG1-c)*

Figure 4.6 (*picture 3)*



How nurses view other nurses who are or who are aspiring to be graduates is important for the profession, but equally important is the perception of other health care professionals.

4.3.2 Inter-professional interaction/parity of esteem

Eight of the participants had not undertaken any education with non-nurses but as all of the participants were registered nurses they all had experience of working alongside other health care professionals. There was an underlying concern that nursing is not viewed as academically credible, or is perceived as not needing to be, which is why participants were concerned with either being better understood by or having more interaction with other health care professionals during their education and in their practice. The ultimate goal was to be recognised as competent practitioners and to achieve parity of esteem for the profession. Post-registration undergraduate students desire for parity of esteem was also identified by Thomson (1998).

4.3.2.1 Perceptions about nurses and nursing

Apart from the educational level of nursing, which was seen by the participants to influence the judgement others make about the academic ability and competence of nurses and the contribution they make to health care, there were issues related to gender that were also seen to exert an influence:

> *What I have found is that I relate better to the medics because of being a male. Certainly observable they talk to me far more normally than they do to the others - girls. (UGF)*

> *Nurses perceived as easier to manage, women, malleable, all myths. There was surprise that I could manage non-nurses. Non- nurses particularly professions*

> *like speech therapy, occupational therapy and physiotherapy found it easier to accept being managed by me when I had a qualification in management rather than the fact that I was a nurse. They could comfort themselves by saying he is a professional manager and just happens to be a nurse. A perception of nursing being academically inferior. (PGP)*

Some participants felt moved to rectify perceived injustices occasioned by perceptions of academic inferiority. It could be argued that this is much more a matter of the low status of nursing in the hierarchy of health professions. Just one aspect of this is the low academic levels of nurses. Raising the academic entry levels is a way of enhancing the status of a profession. This is described by Dore (1997:6) as "*qualification escalation*". What also seems to have emerged is for nursing to be more objective about its and others contributions to practice and patient care. The majority of participants felt that there would be mutual benefits to nurses and other health care professionals in having a better understanding of the different roles in health care and thus a greater appreciation of the different competencies. It was thought that this could be achieved through sharing educational programmes.

4.3.2.2 Inter-professional education

The benefits of inter-professional education were spelled out as greater understanding of roles and role boundaries and less inter-professional rivalry. Interaction with other health care students was perceived as being a way of not only recognising the uniqueness of the differing contributions and those aspects that were held in common but also as a possible vehicle for being better able to address the differences.

> *I do think the more exposure that professionals have with other professionals then there has to be an acceptance that there is common ground. And while there is a uniqueness to individual professionals there is a commonality as well. Nurses interacting with others is really good. That is one point of view. There is another point of view, in that nurses have a lot to offer others (PGN)*

There was also a view that nursing needs greater professional objectivity and this might be gained from being exposed to inter-professional education:

> *As nurses we tend to think that we are a set apart and that nobody else can possibly understand us. Maybe interacting with other students ...makes you realise if nobody else can understand us it is probably because of how we are putting ourselves across. That maybe comes to a belief that nursing is not a special case, not a case apart from any other professional or academic group is. (PGL)*

Almost four times as many postgraduate participants were concerned with matters of inter-professional education. The undergraduate participants tended to be less aware of the issues and were more concerned with the practicalities of studying with non-nurses.

The need for interdisciplinary learning has been widely debated and was extensively researched by Tope (1996:483) who came up with a number of recommendations to move this forward. One of these was to integrate interdisciplinary learning throughout initial training and continuing education for all health and social care professions. This has yet to be achieved but a benefit that could accrue from shared professional education albeit partial would be greater insight into the roles and capabilities of nurses and other health care professionals and an increased possibility of achieving parity of esteem. Glasper and O'Connor (1996) say that the parity of esteem necessary for multidisciplinary work will only be achieved through nurses having graduate status.

4.3.2.3 Parity of esteem

Parity of esteem comprises being accepted by, recognised by and valued by others for the contribution that is given. The following statement illustrates the achievement of this by a postgraduate participant where the point is made that it is not achieved by engaging in study alone:

> *Consultants would know that I am a graduate but working with them is about building up respect by how you behave over a period of time rather than the fact that you are a graduate. A graduate nurse is not taken at face value. A buzz today because consultant congratulated me on a quality report I had produced. Gave me a really good feeling that he thought it was good and that he bothered to come and tell me. By doing tangible things that you build respect not by your qualifications. Qualification is a help to the person who has got it rather than to the people around them. (PGO)*

However, many participants did attribute their enhanced competence and their ability to relate in a more meaningful way to other health care professionals to their graduate studies. The following comment is typical:

> *Helped me to function better in terms of doing my job, gave me more confidence in doing my job and in my interactions with other professionals. (PGP)*

Dore (1997:26) says that, because of the association between university education and the upper middle classes, graduate professions attract greater prestige than non-graduate professions. The sense of academic inferiority attributable to a lack of graduate status has been referred to elsewhere. However, as well as enhancing their academic qualifications the participants viewed inter-professional interaction in practice as a major factor in attaining parity of esteem through the understanding and recognition of the competence that contributes to the care of patients.

4.3.3 Demonstrating competence

Ellis (1993:47) posits that there is no generally accepted definition of competence. For the purpose of this research competence is construed as meaning having a sufficient body of

knowledge and skills to undertake a particular function in different settings sustained over a period of time and being able to do this effectively in difficult and changing circumstances. Demonstration of competence has been inherent in much of what has already been reported. In relation to their own practice, the interviewees were convinced of the benefits of their graduate studies in enhancing their practice. The following comment is the most telling account of this:

> *....couldn't do the role I am doing if I didn't have the masters degree and the diploma in social research methods. Besides giving you the confidence there is the knowledge. Almost like a qualification to do what I am doing. I feel that is what a PhD will do as well. (PGK)*

This is echoed by the data drawn on previously to demonstrate the relationship between academic growth and preparedness to carry out the role and function of nurses.

There was however, a divergence of views in the focus groups about the relationship between graduate education for nurses and professional competence. Pre-registration graduates were generally seen as academically able but lacking in practical skills. A minority view was that they did not "*always show willing or have a commitment to work shifts*" which whilst it might be factually accurate could be construed as indicative of prejudice against pre-registration graduates. In respect of their own graduate studies all members of the focus groups felt they had directly or indirectly aided their professional competence. However, they stated that it was difficult to prove that they were effective although they gave examples of research into their practice with a view to doing this. They reported more respect and recognition of achievement, both academic and professional, from clinical and other managers. They also expressed satisfaction in being able to demonstrate their knowledge when asked for their professional opinion:

> *Its' nice when somebody asks you what do you think of so and so and you can give a professional opinion based on what you have learnt.* (Affirmation from other group members). *Whereas before you might have said, "I don't really know much about that, I will have to and read up and then I'll be able to give you my opinion. (yes, yes, yes hmm's* from the others). *Whereas it is quite gratifying really you can have an informed opinion off the top of your head. (FG2)*

Demonstration of competence for some interviewees was through their interaction with others and the feedback they received about their performance but other participants were also concerned with their own identification of their competence. These points are evident in the following comments:

> *I have become a better teacher. By that I mean more facilitative. I'd like to think that I am much more interested in peoples' ideas and ability to think and question rather than simply disseminating information. (PGQ)*
>
> *I am seen as being more knowledgeable and competent. I feel now I can do more to enhance nursing practice and more to enhance the role of nurses.*

> *Although I guess it is once removed from practice in many ways. I feel I am in a position now where I can take on board what the nurses are saying they want. What they want for themselves and what they want for the service and actually I am in a position where I can do something about that.(PGS)*

This last comment shows that the professional competence of individuals is closely related to and contributes to the development of others and the profession as a whole.

4.4 DEVELOPMENT OF THE PROFESSION

The model demonstrates that alongside their personal growth and enhanced professional competence the academic growth attained also contributes to the development of the profession. This is addressed through examining the data appertaining to contributions to the development of the discipline of nursing, views on graduate nurses and the outcomes of the cross fertilisation of ideas and peer interaction engaged in during programmes of study.

4.4.1 The discipline of nursing

The notion that nurses are perceived by other professionals and by the public at large as inferior is by implication echoed in respect of the profession, although one participant felt this was changing:

> *Some people, not so much now, think people come into nursing because they are not intelligent enough to do anything else. I have heard people say that. It is changing. It is on the news and people are hearing more about what nurses have to do. It is always on the news you know intensive care nurses and the skills nurses need. People are more aware now and perhaps their attitude is different. (UGB)*

Undertaking graduate studies played a part for the informants in this research in raising their awareness of the level of nursing knowledge and equipped them with the knowledge and tools to enable them to aid the development of the discipline. Depending on their jobs this was either through direct input or through influencing others.

> *Broadened my idea of nursing what nursing involves the fact that I have that and am in a position to convey it to others. The most important thing is that it has widened your vision of nursing that is what I am trying to get across on the ward. The wider picture. Nursing knowledge. (UGF)...*

The professional awareness and enlightenment experienced by the informants not only developed their professional competence as already discussed but gave them a greater understanding of their roles and enabled them to broaden their professional understanding. This applied even to those informants who were in senior positions with a responsibility for developing nursing:

> *Helps me to understand what my post is. My prime focus is the development of nursing so anything that helps me to understand that and to be able to argue authoritatively and to be able to put other sides to the argument particularly the professional argument is going to be of benefit. (PGN)*

This informant also articulated the ambivalence in nursing and the lack of consensus about both the theoretical basis to practice and the primary focus of that practice. Her comments also illustrate the diversity of backgrounds and organisational positions of the student members, and how they contribute valuable insights and input into their programmes of study. They also illustrate the difficulty of handling conflicting theoretical stances and dealing with complex intellectual arguments, which is something that should be achieved with continuing intellectual growth:

> *Division amongst nurses about nursing. Not just with the theorists but within the profession. Certainly when you look at district nursing, health visiting and practice nursing and their involvement with the community. There is breadth of disagreement about the core functions of each of them. Applies to the hospital as well. I don't think we are charitable about individual contributions. I don't think we recognise how valuable individual contributions are and it is all of those that make up the process of nursing. This argument about whether we want to articulate what nursing is will never make any sense until as nurses we agree. (PGN)*

> *The interesting thing about the course is that all these theories and all this stuff that comes up they don't seem to talk to each other. I hadn't realised this. I was only concerned with what was happening on the ground and the individual nurses. I have been amazed at the inflexibility with how they see each other. When I look at some of the work of the theorists I think this is crazy it is all coming from an individual who is well respected but if they talk to each other and we actually got some commonality coming out of some of this. Where I am lost these profession theorists haven't sat down together.* (PGN)

The difficulty of directly relating theory to practice has been discussed elsewhere (Section 4.3.1.1), however having an awareness of a different stance or being exposed to new knowledge appeared to act as a stimulus to confronting professional issues and thus making a contribution. The examples of this were numerous and diverse and ranged from the general where there was a declared intention to contribute broadly to the nursing debate to the specific with examples such as developing and evaluating new protocols. These were related to hospital and community settings and again were designed to involve other colleagues.

Nursing is a dynamic discipline, which is clearly evolving and is recognised as doing so. The participants identified the expectations of nurses and nursing as changing. An important change being that of the academic level required, which was seen as symbiotic with the development of the profession. Many informants referred to the change in entry qualifications, the progression apparent in the education and training of nurses and the current debate about the contribution that could be made by graduate nurses:

Nursing is changing so much. Move from a clinical training to a more educational stance and finding the balance. At one point I thought a degree would be necessary. We were looking towards an all graduate profession. Things changing so much. (UGD)

20 years ago, easy to forget that you had to search around to find nurses who had degrees. Small percentage, Was something special about it. (PGP)

Because the issue of graduate nurses is central to this research, the informants were all asked for their views on graduate nurses.

4.4.2 Graduate nurses

Undergraduate and postgraduate education provides a knowledge base, and develops intellectual acumen to a level, which is commensurate with the development of new knowledge and innovative approaches. These are essential for the development of the discipline, which will enable it to maximise its contribution to health care. This was recognised by McFarlane (1987). Development of the discipline of nursing requires expansion in its knowledge base and practice, which are both research based and there is an essential interface between these. This research provides some evidence to support this. But whilst the benefits of graduate education were recognised in developing practice and there was an interest in making a professional contribution, there was as has already been demonstrated a degree of ambiguity about the theory base of nursing and a more pragmatic view about the benefits of graduate education. The substance of the debate appears to be focused on the development of competence and establishing professional credibility and to a lesser extent on the development of the discipline of nursing.

4.4.2.1 The need for graduates

Thomson (1998) argues that nurses need the same level of skills and knowledge as other health care professionals. One informant's perspective on graduate nurses is that the number of them is less than in other professions and that in this respect they do not match other professions. The implication is that if parity with other professions is necessary nursing needs more graduates. However, she questions whether nursing needs all of its members to be graduates and appears to feel there are other ways of achieving a competent nursing work force.

I think nurses are academically inferior if you go to the stance that you must get a degree to reach a certain level of academia. Hence the drive for graduate nurses. The difficulty then arises of are graduate nurses the best nurses to practice? I think that is a different issue again. From the point of view of professionals working together nurses do need to go down the academic route or some nurses need to go down the academic route if we are to take nurses forward at the same level as other professionals. By going down the life long

learning, professional development route they (nurses) can address that but I don't necessarily think they all want to go down that route. (PGO)

From the discussions in the focus groups it was apparent that attitudes towards the need for graduates are changing. They reported requests for information from those with a responsibility for strategic planning and service commissioning, about the numbers of nurses with degrees and the numbers it was being proposed should be supported in the future.

4.4.2.2 Level of skills and knowledge required

The nursing workforce is large and there are doubts about the ability to recruit sufficient numbers of nurses with educational qualifications that would enable them all to matriculate on degree programmes. This is alluded to in the previous comment. There is already a problem in recruiting sufficient numbers to meet the needs and demands of the health service. There was a view amongst the participants that some nursing tasks do not require an education at undergraduate level and arguments for a multi-skilled and dually educated work force:

Skills such as caring skills and hands on care, I don't think any amount of education will improve those skills like bed bathing skills.... All nurses don't need to go off and do a degree. Indirect benefits. Research. Some of the health care assistants are going to be excellent, some already are...(UGA).

There are an awful lot of good nurses out there who don't have degrees although nurses are more updated with their skills and knowledge but at the end of the day it doesn't necessarily make them a better practical nurse. Perhaps in looking for research findings. I am very much more aware of the need to be totally updated and being able to go off and research something. I suppose in that way knowledge and using knowledge does make you a better nurse. (UGE)

This comment is somewhat ambiguous in being sympathetic to the notion of the level of education not equating to competence, but at the same time acknowledging the increased competence arising from her own graduate education. Whilst there were mixed views about graduate education for nurses, the majority favoured more nurses being graduates. They related this to their own personal experience in giving them the knowledge and skills to advance their practice and saw the benefits of others achieving similar results:

More and more nurses should do a course like the degree course because it does enhance the level of thinking which I feel if the nurses I work with now had (degrees), *the achievements would be considerable. (UGF)*

The ambivalence about nurses having degrees is concentrated in the main on new entrants into the profession and on those holding lower graded posts. The benefits of undergraduate and postgraduate education for those holding more senior posts where there was a need to demonstrate

enhanced intellectual skills and to demonstrate advanced thinking and knowledge were more strongly supported:

> *I don't think that all nurses need to be graduates. I think what you need is a proportion of people with thinking processes that will influence others. I do think that senior people within organisations have to have vision, the ability to manage change and to be able to authoritatively talk to nurses about what their roles are, how we measure their roles and what it is they do. And a proportion of the work force needs to be graduate. If that in turn grows it helps with planning for tomorrow. (PGN)*

This informant held the view that studies in themselves, graduate or otherwise, would not be beneficial unless their impact was assessed in practice. One of the criticisms in the literature review of determining the benefits of graduate education was exactly this, that there has been no credible assessment of the value in practice (Carlisle 1991, Fitzpatrick et al 1993).

> *I don't think there is recognition of how influential studies can be.... The fact that we can send people off on courses and they can come back and there is nobody there to look at the outcome of the course. How has that influenced what they do and is it tangible in terms of what is happening in patient care? And I don't think we are very good at monitoring that. You just put people through these. I think that is part of the reason why the literature is suggesting that there is no influence on practice its because we are not measuring it. It's the measuring. How do you measure the impact of it (any programme) has had on the care of patients? In the absence of workloads and any tangible of evidence of whether nursing is good or bad it has been difficult (to demonstrate that graduates make a contribution). (PGN)*

4.4.2.3 Nursing versus other degrees

The discussion so far has centred on nurses undertaking graduate studies irrespective of the nature of these studies. There is an argument that for nursing to develop as a discipline they should be actively encouraged to take nursing degrees rather than non-nursing degrees (Carlisle 1991). When this was discussed with the focus groups there was no support for nurses being forced to only study on nursing degree programmes. The focus group participants valued their studies on the nursing degree but could very clearly see the benefits to the profession, of other nurses studying subjects such as sociology, psychology and management, for example. It was felt that doing any degree at a particular level proves that you can study at that level. There was an appreciation of diversification and consensus that nursing as a discipline could benefit from this. The interviewees in general reflected similar sentiments. At the time of being interviewed they were engaged in studying on nursing programmes but half of them had studied other subjects at this level previously and recognised the differing contributions these studies made to nursing. However, one of them had initial doubts about the value and credibility associated with nursing degrees:

... feel perhaps people wouldn't put any value on the nursing degree. Been surprised by most people's attitude. They do place a value they do think it is very good. Those who think it is not as good are few and far between now. Only because nurses are in the spotlight so much now in what nurses are expected to do and people are quite surprised what nurses do actually do. Being at degree level people do think more of you definitely. (UGB)

4.4.3 Cross fertilisation and peer interaction

Engaging with non-nurses in the course of study was construed to be of value in broadening perspectives and thus enabling nurses to extend their knowledge of the context of the delivery of care. However, their programmes of study, nursing or non-nursing, enabled participants to exchange ideas and information as well as engage in peer support. Because of the composition of the study groups, academic and professional, novices were brushing shoulders with others that had more academic or professional expertise. The dynamics of the groups appeared to be such that most people felt able to both make a contribution and avail themselves of the academic or professional scholarship of others. For some people this was more valuable than the actual programme of study. For most of them the group composition and dynamics were as valuable. The cross fertilisation and interaction with peers enabled them to go beyond merely achieving the course objectives. It served for many to satisfy their professional and personal needs and by doing this to contribute to the advancement of the profession. The following comment gives an indication of this:

The things I gained from it (peer interaction) *were rich descriptions by other people of their experiences, problems, ideas, reading, practical experiences. That is what I gained, the interaction, the dialogue, the discussion, the interchange of ideas. I enjoyed the sense of sharing my own experiences and ideas and also the relative safety of being able to test out some uncertainties, some things that might be regarded as being off the wall. It gave an opportunity that even in a formal tutorial there were some things that I would not have broached but in an informal setting I was prepared to. (PGS)*

The value of the cross fertilisation of ideas in groups, nursing or non-nursing, is not only in the potential for fostering the growth of the disciplines but also in relation to supporting better care of patients. The interaction was seen to provide a greater awareness of the world of the patient and it was concluded that the expanded insights resulting from this would enable them better to accommodate the patient's needs.

4.5 BETTER CARE FOR PATIENTS

It was identified in Chapter Two that there was a lack of empirical research on the benefits of graduate education to patient care (Carlisle 1991, Fitzpatrick et al 1993). Despite this, nurses

undertaking studies do so with an expectation that it will be of positive benefit to patients (Little and Brian 1982 in Pelletier et al 1994, Armstrong-Esther & Myco 1987, Gould et al 1999). This section addresses the manifestation of this. The word patient was used 88 times in the statements from the interviewees. Because of the complexity of the statements, not all of them incorporating the word 'patient' or 'patients' were categorised in the coding category 'patient care'. It is inherent in the theory/practice interface comments. In the model better care of patients is shown as the ultimate goal and this notion is pervasive throughout the statements made by the participants, although the benefits to patient care was more often expressed implicitly than explicitly. This was the case in other studies also (Porter and Porter 1991 in Pelletier et al 1994, Rather 1992, Fitzpatrick et al 1993). The focus group discussions affirmed the desire for better patient care.

Theobald (1996) argues that the only justification for graduate education for nurses is if it benefits patients. All of the participants believed this to be the case in this research. They asserted that there were benefits to their practice and patients and offered examples of this. Given that the interaction between nurses and patients is complex and peculiar to each dyad, and not easily visible or tangible, it is difficult to expose the nature of this. This would appertain irrespective of the research approach used.

The examples chosen to exemplify the benefits to patient care have been grouped under care delivery, management of care and problem solving. Academic growth comprising the acquisition of knowledge and enhanced intellectual capability with the confidence to challenge and question underlies this.

4.5.1 Care delivery

The benefits to patient care are both direct and indirect. The acquisition of knowledge and skills experienced, as having an effect on nursing practice and the delivery of patient care and the reality of achieving this, is evident from the following quotes:

> *You need a level of knowledge and thinking to be a strong voice. Not from the same viewpoint but what you are all aiming for is improved patient care and not necessarily cheaper patient care but better patient care. That will be the challenge to convince people who are paying. (PGJ)*

> *I think maybe because my knowledge has improved perhaps it is of benefit to patients. I know more and feel more confidence about how I am with them. It has got to improve patient care... because you know more and understand more. – Bound to improve patient care. You have more knowledge. In the first two years look into the body and diseases and understand more and you can look into how the disease can progress. You look at sociology and psychology makes you look at people more as a whole. That is quite a big thing. More insight. Does improve patient care. (UGB)*

Some participants as a step that would lead to improved care cited having acquired knowledge and skills that have enabled them to better evaluate their practice. One participant saw this as resulting from her knowledge of and skills in reflective practice:

> *Benefits to patients through reflective practice and being able to work your way through it. You can ask yourself "could I have done anything better"? That can only enhance patient care. (UGD)*

This participant also cited a more concrete example of the application of knowledge for a particular client group:

> *Talking to patients. A lot can't talk because of tracheotomy tubes. Putting into practice various methods like an alphabet board, pen and paper, lip reading. You read about these things and you put them into practice. (UGD)*

The implications from this and from many other similar comments is that the programmes of study provided a vehicle for the participants to identify patient specific problems and research ways of addressing them. It could be argued that they could do this without formally undertaking degree studies but they argued that without the discipline of a formal programme they would probably not do so. It could also be argued that seeking bits of information piecemeal prevents exploring the broader picture. One of the problems of a broader more holistic research based approach is that resource and other constraints may prevent the achievement of evidence-based practice. Notwithstanding this it is possible to achieve partial benefits. This was recognised in the following comment:

> *Patients would benefit but not directly. Would benefit from the interaction with the nurse. The course pictures an ideal of what nursing is - caring interpersonal touch. With only five nurses on it can't be achieved, but at the same time you try to break out from that. You can look beyond that and see the individual. (UGF)*

The National Health Service over the past decade has become much more patient sensitive. Patients' Charters abound and complaints mechanisms have been strengthened to make it easier for patients, to raise matters of concern. Through voluntary organisations and patient committees the patient's voice is being heard. This coupled with the explosion of media interest in all matters of health care has raised awareness and expectations of patients. Participants were conscious of this and wanting to respond positively as the following comments show:

> *Use of research findings makes you more aware. What I am finding now patients are coming – often been on the internet and they are actually thinking things through. And I am supposed to be the so called expert (*is a specialist nurse) *and I don't know these things so I am back on the internet that night...It*

helps you to be more aware. It then pushes me to find more about the things in my area, which I wouldn't have thought of doing before. (PGI)

Indirect benefits to patients through knowledge of policy changes etc. Because of the media the patients are far more aware of what is going on...You do need to keep up to date because I have quite often been asked a question by a patient "Oh well what's going to happen when this Act comes in". So you do need to be aware of what is going on. Patients are far more aware of their rights. (UGE)

4.5.2 Managing care

A number of the participants were managers, some of them in senior positions with a responsibility for managing care rather than care delivery. They were equally vociferous in their commitment to using their knowledge and skills and developed competencies attributable to their academic education in enhancing patient care. The following statements provide concrete examples of this:

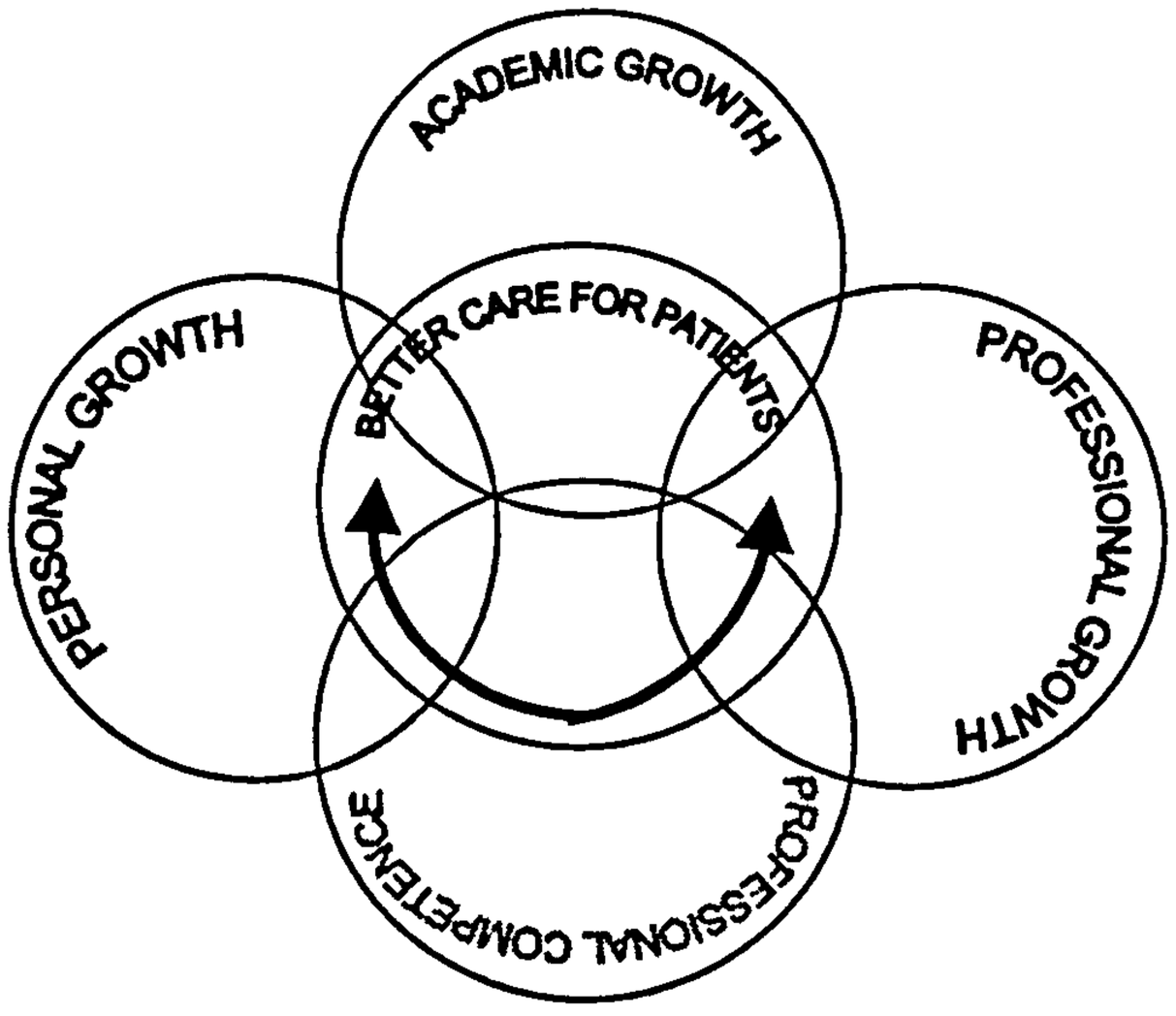
> *From the management point of view benefit patient care by ensuring that staffing levels are appropriate. One of the biggest impacts on patient care but also that staff are well trained and competent and with that goes evidence-based practice. Yes to question of benefit to patient care. I am responsible for the care of patients in this hospital if the care is poor then it is up to me. (PGO)*

> *Some of my thinking, some of my ultimate decisions...as a senior nurse have definitely had implications for patient care. In terms of the organisation of care, in terms of the processes of admitting and discharging patients, in looking at how nursing is monitored. In putting in structures that support monitoring of nursing. And without the knowledge that I have picked up through the programmes (of study) I wouldn't have been able to do that because I wouldn't have known to want to do it. – Its been very influential., Maybe not into my own personal practical delivery of care but certainly in the way that nursing within any of the remits of my responsibility has been organised and delivered which has to have an effect on the end results to patients. (PGN)*

4.5.3 Patient care and the model

The model that has been used to structure this chapter was derived from the totality of the data a selection of which provided its components. This facilitated an in-depth analysis of parts of the data but at the same time enabled these parts to be seen in the context of the whole. This is consistent with Gadamerian theory. That part of the data that relates to the care of patients is central to the model concept. All of the other model components feed into this. Some of the statements that have been used were multi-faceted and could have been used elsewhere but this serves to show the interactive nature of the data to the model components and the interactivity of the model components to each other. This is demonstrated the a Venn diagram (Figure 4.7.)

Figure 4.7 Interactive data in the model



4.6 CONCLUSION

This chapter features the analysis of the data gathered to explore the lived experience of graduate studies in the lives and practice of nurses. The model used has enabled both facets and the totality of this to be examined.

Academic growth was recognised by all participants in one form or another. It was pivotal in supporting all other outcomes of the studies. The need for advanced education, for some if not for all nurses, was supported.

The participants acknowledged personal growth as a beneficial outcome of their graduate studies. In increasing their social skills and enhancing their feelings of self worth and esteem it added to their personal and professional lives but there was a cost to this. The rigour of study combined with work and fulfilling their family responsibilities was demanding and the participants and their families had to make compromises.

Professional competence was considered to be difficult to demonstrate but was considered to be manifest in enhanced practice. Undertaking graduate studies that would enhance their practice was considered by the participants to enable them to achieve greater academic recognition from other health care professionals and give them parity of esteem.

An understanding of the need for development of the profession was discussed and a conscious commitment made to aid this. However, until the mass of nurses acquire the knowledge and skills

to make a contribution this will take time. More emphasis is placed on professional competence which in itself will impact on the professional standing of nursing.
There was an underlying assumption that graduate studies would enhance the care of patients both directly and indirectly and many examples were given of the realities of and the potential for this.

Undergraduate and postgraduate education was influential in preparing the participants to undertake their current roles and to aid their professional progress. The academic growth attributed to their studies together with the personal growth, enhanced their competence and has the potential to contribute to the development of the profession and to better care of patients.

CHAPTER FIVE

CONCLUSIONS AND RELFECTIONS

INTRODUCTION

This research is concerned with the impact of undergraduate and postgraduate education on the lives and practice of nurses. The methodological approach used in the study was derived from Gadamerian hermeneutics, which has its roots in phenomenology. Using this approach a number of stories were discernible from the analysis of the data. The most prominent of these was centred on a model whereby the academic growth attained by the participants impacted on their personal growth, professional competence and the development of the discipline of nursing. This was in turn directly related to the care of patients. In this chapter the research questions and the aims of the study are examined in respect of the outcomes from the research. The writer's experience of using this methodological approach and reflections on the research and the implications and challenges posed by the outcomes are articulated.

5.1 THE RESEARCH QUESTIONS

The research questions were as follows:

- What are the experiences and conclusions about them reported by nurses who have studied at undergraduate and/or postgraduate level?
- What are the values that these nurses place on their undergraduate/postgraduate studies?
- What are the effects on their lives and practice of undertaking this educational experience?

5.1.1 Experiences

To investigate the answer to these questions 19 qualitative interviews and two focus groups were undertaken. Semi-structured interview and focus group guides were used to guide the discussions. (See Appendices 1, 2 and 3). In respect of the first question, from the data gleaned from these undertakings it was apparent that the majority of the participants enjoyed their studies. They were mostly satisfied with the content of their programmes but were confident that they could raise this issue and negotiate changes with the course leaders if they were not. They were all aware that studying at this level was very different from the levels of study they had experienced in their professional non-graduate education and training. The most significant difference was the commitment they needed to make and the reliance they had to put on themselves. This was

particularly difficult because the majority of them were part-time students and they all had competing demands on their time.

The nurses who participated in this research all had some self-doubts. For most of them this was attributable to their previous educational experience or attainment or to cultural expectations related to their performance. Their self-doubts were largely overcome once they had engaged with their studies and were attaining successful results. However, for a minority of students, notwithstanding their success, this persisted through to their Doctoral studies. These self-doubts were of sufficient magnitude to constitute a sense of academic inferiority. This was extrapolated from them to nursing itself where many of the participants felt that the profession of nursing was viewed as academically inferior, although there was a view that this was changing. It was also apparent that the struggle to attain academic growth was a vehicle for attaining parity of esteem with other health care professionals and that the desire for this was not only personal but was associated with the contribution they could give to the care of patients. The academic growth, which was desired and attained, was pivotal to all other findings.

The professional credibility occasioned by the academic success of the participants was enhanced by virtue of their studies being undertaken in the academic environment of higher education. Apart from this there was real pleasure for most of them in being on campus, having access to library and other learning resources, and generally being in what was perceived as a stimulating environment. For some of the participants there was added value in being away from work and having the opportunity, albeit temporarily, to disengage from work pressures and problems and to reflect on their jobs and their practice. This reflection was helped by their studies and through their interaction with the academic staff, but also very considerably by their interaction with their student peers.

5.1.2 Values

The second research question asked about the value, and the nature of this, that the participants put on their academic studies. Every one of the participants attested to the value of their studies. They were valuable from a personal and professional perspective. From the personal perspective, this gave them pride and confidence in their ability and enhanced esteem from their family and friends. This was important in overcoming cultural expectations related to gender, to being Welsh or being working class. It also gave them insight into their capabilities and the desire to continue with their academic and professional education to enable them to strive to reach their potential. From a professional perspective, their studies were of value in giving them the knowledge and intellectual skills to enhance their competence, both academically and in practice, and to contribute to the development of nursing knowledge and consequently to enable them to offer better care to patients.

5.1.3 Effects

The effects of their studies on their lives and practice, the substance of the third research question, were considerable. Undertaking studies at this level was onerous in terms of the time and the effort required. This had enormous consequences for their families or friends. The vast majority of families and significant others were very supportive. Help both tangible and intangible was given to enable them to sustain and complete their academic work. However, they were aware of the time away from friends and families and particularly where there were young children on missing out on important milestones and events. They were conscious that these events could not be re-lived. On the positive side, with careful planning and co-operation their families and friends benefited from being involved with the studies or from sharing tasks. What was particularly interesting was that many families constituted what could be considered a learning culture. Partners and children were all engaged in different levels of study and were supportive of one another. Some participants were almost obsessive about their studies or were frustrated because they wished to be studying when they were subjected to other demands. Others had a more balanced approach and made compromises to enable them to satisfy the demands of work, home and the studying. All of them admitted to putting their social lives more or less 'on hold' for the duration of their studies.

Apart from the values already referred to, participants alluded to the enhanced quality of their lives materially. This was from promotion and successive promotions, through the acquisition of material things like cars and houses and generally having a better life style. Some friendships were lost, but new friendships were struck and sustained.

In relation to their practice, participants illustrated their experience with many examples of enhanced competence both in relation to direct patient care and in strategic planning, policy making, and managing and delivering care. Enhancing their knowledge base of nursing science and complementary subjects, developing their knowledge and skills in research, problem solving and reflection were some of the features of their studies given frequent mention. With an increased intellectual prowess and ability to confront problems and argue articulately for resources to resolve these, the participants experienced satisfaction and respect.

With regard to work colleagues, these were mainly supportive. There was little evidence of professional prejudice although some examples of professional jealousy were cited. There were barriers to them using their newly-acquired knowledge and skills but the participants demonstrated considerable tenacity and used a number of strategies to overcome these. This was not surprising, as there were clear indications that the motivation for undertaking the academic study was to enhance their competence and enable them to provide better care. There was a strong interface between the academic study and practice. The participants were aware of the theory/practice gap

but constantly referred to reflecting on the practice implications related to their knowledge and skills acquisition. They took the opportunity to test out their knowledge and to rehearse their skills both with their colleagues in practice and in the classroom with their student peers. They were able to introduce innovations in their own and others' practice and to manage the transitions occasioned by the introduction of these changes. Many examples were provided whereby they were anxious to share the knowledge they had gleaned, with their colleagues at work and to support them in using this.

Academic education for nurses is in its infancy in the United Kingdom. In Chapter Two, the writer argued on the basis of the literature reviewed that in the future the development of a robust body of nursing knowledge, essential for development of the profession, was not only dependent on advancing nursing education beyond Doctoral studies, but in marrying up the development of this to its application in practice. It was advocated in this chapter that a range of academic competencies, and the exploitation of this through team working, would make this more achievable. In this research it is clear that post-registration undergraduate and postgraduate education is enhancing competence, but that it is also laying the groundwork for achieving the broader goal of developing a body of nursing knowledge that will be of benefit in enhancing care to patients. The insights provided by the participants in respect of sharing their knowledge and drawing on the strengths of each other, and in taking on the responsibility of applying their knowledge and facilitating others to do this is evidence of this. Kelly (1996) reported this feeling of responsibility for others as well as themselves in her study of pre-registration graduates.

5.2 THE AIMS

The aims were as follows:

- To investigate nurses' perceptions of their undergraduate and postgraduate education in order to elucidate from them their experience and understanding of the concept of this and to attain insights into the nature of the value of this to their lives and practice.
- To review critically the literature relating to undergraduate and postgraduate education and its impact on nurses and their practice in the context of the contemporary debate in the United Kingdom on graduate nurses.
- To consider the findings of the study in relation to policy and practice.
- To develop personal knowledge of Gadamerian hermeneutic inquiry and to acquire research experience through conducting qualitative research influenced by this approach.

5.2.1 Undergraduate and postgraduate nursing education

The first aim of the study was to investigate nurses' perceptions of their undergraduate and postgraduate education. This was in order to elucidate their experience and understanding of the concept of graduate education and to attain insights into the nature of the value of this to their lives and practice. The main findings from this were discussed in relation to the research question above. However, it is worth noting that participants' perceptions of the notion of 'graduate' were associated with attaining academic qualifications but were also associated with scholarship, academic progression and career enhancement. They were also about demonstrating ability and informing practice. This indicates that their understanding of graduate education matched their expectations and became a reality.

The second aim of the study was to review the literature relating to undergraduate and postgraduate education and its impact on nurses and their practice. This was in the context of the contemporary debate in the United Kingdom on graduate nurses.

As indicated in Chapter Two, on the basis of the literature reviewed which included studies on pre and post-registration nursing undergraduate and postgraduate programmes, the writer concluded that nursing appeared to be moving to a predominately graduate profession. Certainly degree qualifications have considerable currency (Thomson 1998), the main driver for this being the need to provide a workforce that can provide optimum care in changing economic, technological, political and social circumstances (McFarlane 1987, Narayanasamy 1997). The findings from this research are entirely consistent with this. The academic and personal growth attributed to the participants' academic studies is commensurate with recognition of personal and professional competence with the potential for advancing nursing as a profession with benefits to patient care. This is in accord with expectations and underlying assumptions of graduate education for nurses in the literature (Carlisle 1991, Fraser and Titherington 1991, Rather 1994, Thomson 1998), although demonstrating the reality of this was in doubt (Carlisle 1991, Fitzpatrick et al 1993, Girot 2000).

Whilst the participants recognised the benefits to them of undertaking their academic studies they gave mixed messages about graduate education for all nurses. They were generally not in favour of an all graduate profession. This was largely because of the difficulty of recruiting sufficient numbers of pre-registration nursing students who would have the necessary pre-requisite qualifications to enable them to matriculate on a degree in nursing programme. They felt that this would exclude many would-be nurses who would be capable of becoming competent nurses. Dore (1997) identifies this as a consequence of promoting advanced educational opportunities. The participants also had concerns that graduates from these programmes, whilst they would have a good knowledge base, would be lacking in practical skills. With regard to post-registration degrees they were more positive. They recognised that, with advancing knowledge and the

dynamic nature of health care provision and delivery, continuing professional and academic education is essential. Some participants identified knowledge and skill deficits that they felt rendered them inadequately prepared to satisfy their job requirements to a sufficiently high standard. Undertaking graduate studies enabled them to rectify this. It was also reported that the demand for post-registration nursing graduates was increasing.

5.2.2 The graduate debate

Dore (1997) intimates that education is generally valued by societies in underpinning prosperity and the welfare of the people. He argues that there has been an education explosion and that the effect of this has been that where there is a plentiful supply of labour employers raise their qualification requirements. The reasons for this he states are not clear but it may be that education is viewed as improving people and attracting brighter people from more affluent homes with more developed social skills. Also, more cynically, that it simplifies the selection process by reducing the numbers of potential applicants. In relation to graduate qualifications he suggests that initially graduates might be perceived as being over-qualified. However, as the numbers of graduates increase, depending on the quality of the educational programmes attended, either low-paid jobs become more acceptable to graduates or they are perceived as not being more intellectually able than those less qualified. The current debate about nursing graduates may well reflect the latter. Dore (1997:6) explains that the process he refers to as qualification escalation or certificate devaluation has a number of consequences. If there is little difference in the skills of graduates versus non-graduates those financing the education might question the costs and having well-educated unemployed might lead to unrest. There are not large numbers of unemployed nursing graduates but there has been some disquiet regarding the cost of pre-registration graduate education. In the context of this research, the majority of participants incurred some costs from undertaking their academic education but, whilst it could be construed that they were subsidising improved patient care, they were mostly content to do this as the overall benefits outweighed the costs.

Citing civil engineering as an example Dore (1997) shows that, by 1971, a university degree was an essential part of professional qualification and that other self-regulated professions with an emphasis on practical training are moving in the same direction. A consequence of this is that the practical aspects of the training have been reduced. Dore (1997) explains this trend as being attributable to accommodating the huge increase in knowledge. He sees the shift away from apprenticeship training as creating a number of difficulties. One of these is the cessation of education and training early on in a career; another is the reduced exposure to practice during the training. Nursing's shift away from apprentice type pre-registration training could be construed as experiencing the same difficulties. The commitment shown by the participants to continuing

education and the strong emphasis that they put on relating their graduate education to practice would seem to negate these in post-registration terms.

5.2.3 Policy and practice implications

A third aim was to consider the findings of the study in relation to policy and practice. The perceived benefits attributed to academic study both in personal and professional terms suggest that undergraduate and postgraduate studies for post-registration nurses should be encouraged and supported by the providers of health care. Not only are the graduates more knowledgeable and intellectually able as a result of their studies but they have a strong commitment to exploit this in practice, and in so doing increase their own competence and those of others. Thus the returns on supporting an individual would be magnified. Any potential threat posed by intellectualising the work force, which might give rise to them questioning and challenging health care provision, was dissipated through an increased understanding of the context of health care policy and health care delivery. In consequence of this, the participants were able to make a positive but realistic contribution.

From a policy perspective it would seem that the strong interface between practice and education could be harnessed and strengthened. Whilst the participants undoubtedly found their studies of benefit in their practice, they did identify *"a long lag phase"* whereby it took time to utilise in their practice the knowledge and skills gained from their studies. This could be accelerated and indeed the utilisation of the general academic growth could be enhanced if there was continuing support after graduation. It would be mutually beneficial to education providers and clinicians if there was a different form of post-registration graduate education, whereby there was a clinically accredited input into all academic programmes. This might be achieved through undertaking research projects or introducing innovations in practice, or through having academic advisers contracted to input into clinical areas or clinical specialists, or nurse consultants contracted to input into education. Also, the feasibility of modules modelled on clinical internships could be explored. There is justification in exploring these and other innovative ways of capitalising on the need for clinical practice and educational interface.

For some participants there was an education/higher education gap. This could be bridged through undertaking clinically-based, pre-undergraduate or postgraduate preparation. Fostering stronger links between education and practice could also contribute to the development of nursing knowledge through undertaking collaborative research projects and evaluating and reporting clinical innovations. This would have the added value of promoting and strengthening evidence-based practice and publicising this for debate in the wider research community. This might then provide empirical evidence to demonstrate nursing's contribution to enhanced patient care. Linking this with Masters, Doctoral and postdoctoral education would provide a framework for the

study and research and strengthen the academic credibility of the profession. In parallel with this, more research initiatives with other health care professionals supported in an education/clinical environment would be resource effective and would strengthen inter-professional interaction and be beneficial to patients.

5.2.4 The methodology

The final but fundamental aim of the study was to develop personal knowledge of Gadamerian hermeneutic inquiry and to acquire research experience through conducting qualitative research influenced by this approach. As someone who was interested in examining the lived experience of the participants, a phenomenological approach seemed apposite. The Gadamerian influence was occasioned by the researcher's difficulty in accepting the reality of disengaging from previous knowledge and experience. In accepting an interface between the interpreter and the interpretation of the phenomena being investigated the work of Gadamer appeared to offer a more acceptable approach. In this research the influence of this approach was in constantly re-visiting the data to gain an understanding of the parts in the context of the whole. The focus groups, of which two participants had also been interviewed, allowed for some integration between the understandings of the participants and the researcher. Also in the interviews, some discussion of the possible meanings of what was being said occurred. In addition to this the researcher made reflective notes on the conduct of the research and the possible interpretations emanating from this. Koch (1998) states that Gadamerian hermeneutics involves questioning what is occurring during the research and advocates keeping a reflective journal to record this. The reflective notes in this research do not constitute a reflective journal but other tools supplemented them. These comprised the cognitive map, the overview of the data analysis process, the model categories in relation to the coding components, Venn diagrams and the record of statements in relation to categories. These all facilitated the reflective process and also lay open the process of constructing the text.

The robustness of this research approach is dependent on the acceptance of the main tenets of Gadamerian thinking. According to Weberman (2000), Gadamer challenges the concept of objectivity and posits that there is no one correct interpretation of the phenomena being investigated. He suggests that Gadamer's rationale for this are that it is not possible for researchers to avoid their prejudices and prejudgements and that these prejudgements are necessary to understand the context, but that Gadamer provides little to support these suppositions. However, he suggests that Gadamer's third argument in support of his conjectures about objectivity, that is, that whatever is being examined is changed by an understanding of it and this is replicated, is more sustainable. Notwithstanding these concerns, Weberman (2000) defends and profers his own arguments in support of Gadamer's anti-objectivism.

Amplifying and explaining Gadamerian theory, Weberman (2000) says that understanding is coloured by a particular lifestyle, way of thinking and speaking and expectations about what is being investigated. He argues that inherent in Gadamerian theory is the notion that there is an inconsistency in people's beliefs and that it is not possible to disengage from the things committed to. In respect of the idea that prejudgements are necessary, he interprets this to mean understanding arising from empathy and a shared background of meaning which facilitates the translation. He acknowledges the truth in these suppositions but as indicated adjudges them to be too weak to be supportable. On Gadamer's third premise, that understanding is not complete because it is revealed differently in the context of different events and perspectives, he believes this to be more sustainable.

In relation to this research, the researcher believes that her background, beliefs and concerns will have been influential on the conduct of this enquiry. Given the common interests and shared background with the participants, this has resulted in a particular interpretation that has provided insights into the experience of nurses undertaking academic studies. In accord with Gadamer there is an acceptance of the incompleteness of this and an expectation that further research on this phenomenon would reveal a different story, and that it can never be completely grasped. However, the researcher has endeavoured to utilise an approach and tools of data collection and analysis that enable the research questions to be addressed and to open this to the scrutiny of the reader. In doing this the researcher has gained experience of conducting a qualitative research enquiry and has developed insights into Gadamerian hermeneutics and phenomenology.

5.3 REFLECTIONS

5.3.1 Early thoughts

An early observation in the reflective notes made during the process of immersion in the literature was that whilst something was known about individual graduate programmes and about pre-registration undergraduate education little was known about the post-registration desire to gain graduate qualifications. The reflective notes raised the following questions:

> *What does this mean to the person concerned and why do nurses go on to further their academic education, which many seem to do? Is it a desire to develop the intellect? Is it about status and personal prestige? Does the increase in academic capability make them more confident or less confident in their care of patients? What effect does having graduate qualifications have on their interaction with other professionals. (RN)*

Given that these questions were formulated prior to conducting the empirical research, they appear to have been influential in shaping it.

5.3.2 The literature

The researcher's reflective comments about the literature on post-registration undergraduates were that it was predominantly to do with career moves and potential. The merits of having graduates in general care were questioned if they were unable to utilise their skills and knowledge. A connection was made with this and the numbers that move into management or education, or to specialist practice. It was also noted that the literature seemed to show growing confidence and self-esteem and that graduates were better able to use research findings. It was thought that a justification for graduate education might be in providing the knowledge and skills to provide evidence-based care. It could be argued that it is unrealistic to expect evidence-based practice from nurses who are not adequately educated to utilise research findings and undertake research.

The researcher noted that self-actualisation was an issue in the literature, and this conjured up thoughts of Maslow's (1954) hierarchy of needs. After completing the research analysis and on further reflection it was considered possible that the findings could in part be construed as being compatible with this. However, the participants appeared to be driven to advance their education for predominantly professional and altruistic reasons.

It was also noted that from the literature it was difficult to demonstrate conclusively why nurses should be educated to graduate level. The need for them to be on a par with other professionals was frequently mentioned and also that patients deserve an educated nurse (Logan 1987).

5.3.3 Piloting the research tools and collecting the data

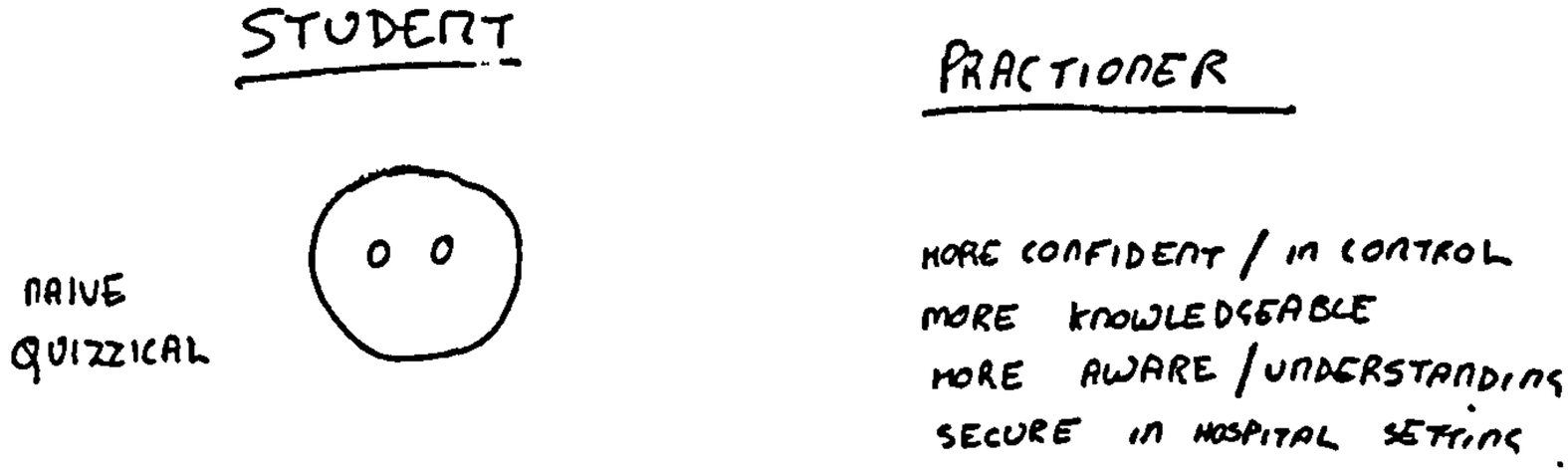
Data collection comprised qualitative interviews and focus groups. Both approaches required careful preparation. It is not really possible to pilot focus groups in their entirety, although Krueger (1998) suggests that it is possible to pilot test the materials. Notwithstanding this at attempt was made in this enquiry to undertake a pilot run. The reflective notes indicate that this was a useful exercise in familiarising the researcher with the equipment and testing out the focus group guide. Resulting from this, the guide was modified and the researcher was aware of the need to be really familiar with the prompts. An observation made on the pilot exercise was that many of the issues in the literature had been raised. These comprised outside pressure, realising potential, academic progression and the importance of advancing knowledge and understanding. It was noted that it was very difficult to elicit personal information and that a brief questionnaire on biographical details was needed for the focus group members to complete in privacy. The members of the pilot focus group all said they enjoyed the opportunity to talk about the subject.

Two pilot interviews were undertaken, one for the face-to-face interviews and one for the telephone interviews. Both went very well and the interview guide that was also used as a basis

for the telephone interview required only minor modifications. The researcher noted that this approach was better for exposing the issues and that it was easier to encourage the participants to talk about personal things in a one-to-one situation. Also on reflection it was easier to manage sensitive issues.

An incident, which was recorded in the reflective notes that occurred in one of the focus groups, made this particularly apparent. Prior to commencing the focus group, the researcher had little information on the participants other than that they were students on the post-registration undergraduate nursing programme. An early exercise designed to enable all of the members to participate was to draw themselves as a student and as practitioners. One of the participants drew herself as a head with eyes but no other features (figure 5.1 picture 4). As with all of the other pictures this material was treated as text and interpreted in accordance with Gadamerian hermeneutics.)

Fig 5.1 ***(picture 4)***



She was very quiet and only made a contribution when specifically invited to do so. One of the members had been particularly vocal about enrolled nurses. It subsequently transpired from the biographical questionnaire that the quiet member had once been an enrolled nurse. She may have been deterred from making a contribution because of her sensitivity about having been an enrolled nurse, or she may have been shy and her behaviour was consistent with her involvement in other group activities. Notwithstanding the reasons this highlights the difficulty in dealing with sensitive individuals and issues in group situations.

5.3.4 Analysing the data

The transcription process revealed a number of themes and stories. One that had a particular impact for the researcher was the close association between the 'job' and the 'education programme'. There appeared to be a strong symbiotic relationship between these. Although because of adopting a phenomenological approach to the research, the researcher had been somewhat reluctant to read the literature prior to conducting the interviews, it was noted that it was interesting how many of the findings from the literature were appearing in the data analysis.

These involved self-esteem, parity of esteem with others, for some replication of previously studies, career opportunities, problems with time and increased confidence.

It was noted that there was a strong link with practice but that this posed a dilemma as the following quote from the reflective notes indicates:

> *Some participants were acquiring new knowledge but were not able to apply it. They obviously need help in transferring their knowledge to practice. I suspect it is to do with intellectual growth, application being the most sophisticated part of the learning process. Also for some there appears to be difficulty in coping with ambiguity. (RN)*

These participants appeared to be at the assimilation or synthesis stage of the learning process.

Analysing the data proved to be more problematic than envisaged. This was largely because of the volume of data generated from the 17 interviews, which was in excess of 50,000 words. This was daunting at the outset but adopting a systematic approach took away some of the mystique and promoted confidence in the task.

The reflective process was an integral part of the data analysis. This is captured in the following diagram:

Figure 5.2 Analysis and reflection

Mass of data
Reflection

Making some sense of it
Sifting and further familiarisation
Reflection

Categories emerging
Comparing and contrasting
Further sifting
Reflection

Writing up first stage
Reflecting
Adding, subtracting, editing
Reflection

Summarising and discussing
Referring to the literature
Reflection

Writing up draft

The researcher was conscious that there was a degree of subjectivity about the process of analysis. This was likened to a picture of a scene that might be captured differently by a landscape, a cubist

or impressionist painter or a photographer. The scene would be the same but with different interpretations. This metaphor is believed by the researcher to be compatible with Gadamerian hermeneutics.

Because of the large volume of data, this meant that only the data relevant to the model, which was adjudged to be the predominant story and that which addressed the research questions, was used. The other data, with the permission of the participants, may be used in future to take the phenomena being examined further. The fact that the researcher has a role in the educational establishment at which the participants in the research had a link was undoubtedly influential. Mindful of this, this was an issue subjected to much reflection by the researcher. On balance it was felt that this had positive effects rather than negative ones. The reflective notes indicate that there was a sense of co-operation and free exchange of information between the researcher and the participants which was attributed to a common sense of belonging. Also many positive comments were made about having the opportunity to be involved in the research. It could be, of course that only those with a particular view about graduate education for nurses agreed to participate, but given the diversity of backgrounds and programmes of study they had encountered it is believed that the contribution they made was viable.

5.3.5 Final thoughts

This research indicates that nurses are motivated to undertake undergraduate and postgraduate studies to enable them to provide better patient care through their own academic growth, which is linked to their personal growth, professional competence and development of professional knowledge. The participants in the research have given examples, which demonstrate that their graduate studies have been of benefit. However, it is the belief of the researcher that very much more can be achieved.

There is no universally agreed estimate of the number of graduate nurses that are required in the United Kingdom. To achieve the goal of evidence-based practice and nurses with the skills and knowledge to make a significant contribution to the development of nursing knowledge, health care policy, strategic planning and delivery of care nurses need to be educated to post-Doctoral level. This does not mean all of them. Undergraduate nursing education is an important pre-requisite for the professional nurse. The graduates from these programmes have a pivotal role to play in working with others to provide effective clinically-based team nursing. Those progressing to Doctoral and post-Doctoral studies should enable nursing knowledge to advance and for this to impact on strategic planning and the delivery of care. However, there is a clear indication that there should be a close interface with clinical practice. Nursing education and nursing practice

should continue to have close links with each using the other as a resource. Nursing education should be university-based but embedded in practice.

The graduate nursing debate is more concerned with academic nurses not being able to provide direct patient care. Also there is a worry that health care costs will escalate if critical thinking nurses are in the work force in large numbers. It is probable that better patient care will cost money but a better educated nursing work force will provide the skills and knowledge the nurses themselves have identified they need to be effective in their work.. Arguments for graduate nurses and the potential benefits are still not well articulated. Neither is what would constitute better patient care. Patient education, choice and appropriate support could well feature in this.

It might be argued that the knowledge and skills deficits identified by qualified nurses could be met by programmes other than university-based graduate programmes. This could be true but if nurses acquire knowledge and develop intellectual skills by whatever means, and as a consequence they contribute to better patient care, it behoves society to recognise this and give it due credence. The conferring of a degree qualification is currently the means whereby this can be done.

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Appendix One

DOCTORAL DISSERTATION – EdD

INTERVIEW GUIDE

Title of the research: A phenomenological study of the impact of post registration undergraduate and postgraduate education on the lives and practice of nurses.

Research question

What is the lived experience of nurses who have studied at undergraduate and postgraduate level? What value do they place on their undergraduate/postgraduate studies? What effect does this have on their lives and practice?

Opening remarks:

Thank them for agreeing to participate in the research. Ask if they have any reservations about doing so. Ask them if it is ok. to go ahead with the interview. Explain that I will be taking notes and would like to tape record the interview if they are agreeable.

Read out the title of the research and the research questions.

Ask them if there is anything they would like to know about the research at this stage.

Biographical information

Please tell me about yourself.

Initials (anonymous name)

Graduate status

Current course

Graduate qualifications

Current job

Brief outline of career from qualifying to date

Brief outline of educational background

Age left school

Type of school

Qualifications obtained

Age

Dependents

APPROACH ONE

Section One

(Relates to first part of the research question)

'What is the lived experience of nurses who have studied at undergraduate and postgraduate level'?

What does 'graduate' mean to you?

Why did you embark on a graduate studies programme?

Tell me about your academic studies?

PROMPT

Things that helped or hindered progressing with the programme.

Please describe anything, which stands out in your mind about what it was like to be a student 'graduate'. (Rather 1994)

Similarly what stands out for you about what it is like to be a qualified graduate/postgraduate?

Do you have a model of the (nurse, student, person) you want to be? (Hoye Bristol)

Could you explain this to me?

Tell me about your experience of working with your student peers.

Tell me something about the role of the teachers and your interaction with them.

Did you interact with non-nursing students whilst undertaking the programme?

(If yes) tell me about this.

What are your views of nursing students interacting with non-nursing students?

Section Two

(second part of the research question)

'What value do they place on their undergraduate/postgraduate studies?'

Tell me about the value you place on your undergraduate/postgraduate studies?

What effect has this had on your relationships?

Do these people regard you in a different way?

How is this?

Section Three

(relates to third part of the research question)

'What effect does this have on their lives and practice'?

Please describe how you have been able to use the knowledge and skills that you have acquired through your academic studies.

Have you experienced any difficulties in utilising your knowledge and skills?

What were these?

Could you explain how your studies/success with the programme have changed you in any way?

Could you tell me about any plans you might have to continue your academic education?

Why are you considering further study?

APPROACH TWO (Summary)

It would be helpful to me if we could go over some of the ground we have already covered so that I get as full a picture as possible. It will enable you to tell me what you think it might be helpful for me to know to enable me to answer these research questions.

In summary what was it like to study at the undergraduate/postgraduate level?

In summary what value do/did you place on your studies?

In summary what effect does it/did it has/ have on your life?

In summary what effect does it/did it has/have on your practice?

Do you have anything you would like to add?

Barbara Green
6.1.2000.

Appendix Two

DOCTORAL DISSERTATION – EdD

TELEPHONE INTERVIEW GUIDE

Title of the research: A phenomenological study of the impact of post registration undergraduate and postgraduate education on the lives and practice of nurses.

Research question

What is the lived experience of nurses who have studied at undergraduate and postgraduate level?
What value do they place on their undergraduate/postgraduate studies? What effect does this have
on their lives and practice?

Opening remarks:

Thank them for agreeing to participate in the research. Ask if they have any reservations about doing so. Ask them if it is ok. to go ahead with the interview. Explain that I will be taking notes and would like to tape record the interview if they are agreeable.

Read out the title of the research and the research questions.

Ask them if there is anything they would like to know about the research at this stage.

Biographical information

Please tell me about yourself.

Initials (anonymous name)

Graduate status

Current course

Graduate qualifications

Current job

Brief outline of career from qualifying to date

Brief outline of educational background

Age left school

Type of school

Qualifications obtained

Age

Dependants

APPROACH ONE

Section One

(Relates to first part of the research question)

'What is the lived experience of nurses who have studied at undergraduate and postgraduate level'?

What does 'graduate' mean to you?

Response

Why did you embark on a graduate studies programme?

Response

Tell me about your academic studies?

PROMPT

Things that helped or hindered progressing with the programme.

Response

Please describe anything, which stands out in your mind about what it was like to be a student 'graduate'. (Rather 1994)

Response

Similarly what stands out for you about what it is like to be a qualified graduate/postgraduate?

Response

Do you have a model of the (nurse, student, person) you want to be? (Hoye Bristol)

Could you explain this to me?

Response

Tell me about your experience of working with your student peers.

Response

Tell me something about the role of the teachers and your interaction with them.

Response

Did you interact with non-nursing students whilst undertaking the programme?

(If yes) tell me about this.

Response

What are your views of nursing students interacting with non-nursing students?

Response

Section Two

(second part of the research question)

'What value do they place on their undergraduate/postgraduate studies?'

Tell me about the value you place on your undergraduate/postgraduate studies?

Response

What effect has this had on your relationships?

Response

Do these people regard you in a different way?

How is this?

Response

Section Three

(relates to third part of the research question)

'What effect does this have on their lives and practice'?

Please describe how you have been able to use the knowledge and skills that you have acquired through your academic studies,

Response

Have you experienced any difficulties in utilising your knowledge and skills?

What were these?

Response

Could you explain how your studies/success with the programme have changed you in any way?

Response

APPROACH TWO (Summary)

It would be helpful to me if we could go over some of the ground we have already covered so that I get as full a picture as possible. It will enable you to tell me what you think it might be helpful for me to know to enable me to answer these research questions.

In summary what was it like to study at the undergraduate/postgraduate level?

Response

In summary what value do/did you place on your studies?

Response

In summary what effect does it/did it has/ have on your life?

Response

In summary what effect does it/did it has/have on your practice?

Response

Could you tell me about any plans you might have to continue your academic education?

Response

Why are you considering further study?

Response

Do you have anything you would like to add?

Response

Barbara Green
7.2.2000.

Appendix Three

DOCTORAL DISSERTATION – EdD.

FOCUS GROUP GUIDE

Title of the research: A phenomenological study of the impact of post registration undergraduate and postgraduate education on the lives and practice of nurses'.

Research question

What is the lived experience of registered nurses that have studied at undergraduate and postgraduate level? What value do they place on their undergraduate /postgraduate studies? What effect does this have on their lives and practice?

1 Opening

Does everyone know everyone else?

(If not) *Please tell us your name and which course you are on.*

Has anyone participated in a focus group before. They are all different I guess. What I will be trying to do is to engage you all in conversation about the topic I am interested in.
The session is meant to be friendly and informal. I will be asking you to write some things down and I may ask you to draw something. I would like to tape record the session if everyone is agreeable. Is this ok? I will also be taking some notes. I appreciate you all giving up your time to participate in this. Has anyone any questions about the process?

Ask them if they would fill in the background sheet before they leave.

2 Introduction

You will be aware that I am interested in finding out how nurses' feel about doing degrees. I would like to start the session by exploring your experiences of this. I would then like to share with you some of the findings from the literature I have looked at and have a discussion about this.

3 Transition

I would like to start by sharing our thinking about what being a graduate is all about.

Invite contributions

Take a piece of paper and write three things that come into your mind that are positive about nurse graduates'
On the other side of the paper write three things about graduate nurses that give you concern.

Could you write these on the flip chart?

DISCUSS

4 Key

Personal experiences

I would like you to draw a picture that represents you as a student and you as a practitioner. Use stick men if you wish. I am not looking for artistic merit.

Tell us about your drawings.

Think about your personal experience as graduate students. Describe it.

ENCOURAGE STORY TELLING

What are the possible reasons why nurses undertake undergraduate and postgraduate education?

You will all have your own ideas about the value of your own graduate studies but what I would like you to do is think of this in terms of the value to nursing.

Invite contributions.

Are graduate nursing courses similar to or different from the traditional university model of graduate study i.e are they conceived as a fairly narrow educational process or a wider process of exposure to scholarship in an academic community?

Discuss

Perhaps we could move on to discussing the effects of studying at this level. Let us talk about this.

What do you think the effect or possible effect of having nurse graduate will have on nursing practice?

Interaction with others

I would like you to share your experiences of working with your student peers.

How would you like to see the teachers interfacing with the group?

What thoughts do you have about post registration undergraduate/postgraduate studies being integrated with other programmes of study?

Suppose you are in charge of graduate education for nurses in this university. You have to provide courses that are of interest and benefit to qualified nurses. What would you do? I would like each of you to comment on this. Who would like to start?

Reactions to the literature

I am going to raise with you a number of issues that I have identified from the literature that I have reviewed on graduate education for nurses. I will ask for a response from you after each one.

a. *Some post registration graduates were found to feel frustrated during the course of their graduate studies. This was because they felt they*

already had the requisite knowledge and skills, and that their graduate education added little to this (Rather 1994).

What do you think about this?

b *The raised academic level of pre-registration nursing through project 2000 and the push for advanced practice linked to higher degrees poses a threat to registered nurses. This is an incentive for them to embark on graduate studies (Carlisle 1991).*

How do you react to this?

c *There is a view held by some researchers that nurses should be encouraged to undertake nursing degrees, not degrees in other subjects (Carlisle 1991). The implication is that this will enable nursing to develop further as a discipline.*

How would you respond to this?
Give us your views about non-nursing degrees

d *It is apparent from the literature that many of the researchers in this field of study hold a common belief. This is that undertaking graduate studies will be of benefit to the profession and to patient care (Reid et al 1987, Fraser and Titherington, 1991,Carlisle 1991, Rather 1992 and 1994, Fitzpatrick et al 1993, Pelletier et al 1994, Gould et al 1999).*

What do you think?

e. *It has been argued that because some nurses with degrees are viewed with hostility by their colleagues that they are not able to use the knowledge and skills they acquired from their studies (Carlisle 1991).*

How would you respond to this?

5 Ending

Our discussion was to help me to understand your experience of studying as undergraduates or postgraduates. I am interested in the value you place on these studies and how it has affected your life and your practice as nurses'. Have I missed anything? Does anyone want to add anything else? Are there any questions. Thank you very much for your help with this study.

(The Focus Group Kit David L Morgan & Richard A Kruegar Sage Publications has influenced the style and design of this 'Focus Group Guide'.).

Barbara Green
21.1.00